ST. BARTHOLOMEW'S HOSPITAL.

A Course of Clinical Lectures
ON
CHRONIC DISEASES OF BONES AND JOINTS,
CHIEFLY IN RELATION TO THE
TREATMENT OF DEFORMITIES.

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LECTURE V.

TALIPES CALCANEUS.—TALIPES VALGUS.

GENTLEMEN,—Talipes calcaneus is the opposite condition of the foot to talipes equinus. In the former the foot is raised, the dorsum pressing against the front of the leg, the heel depressed to the uttermost. In the latter, as already explained,

FIG. 6.

the toes are depressed, and the heel is raised. In congenital cases of talipes calcaneus, there is no loss of muscular power; the contraction of the extensor muscles is but transitory, and we regard it as a case of malposition from intra-uterine pressure, without deformity, and readily yielding to the simplest treatment.

In the early days of orthopædic surgery, it was customary to divide the extensor tendons by subcutaneous section (namely, the tibialis anticus, extensor longus digitorum, extensor proprius pollicis, and the peroneus tertius); a well-padded splint was then applied behind the leg, extending beyond the os calcis, when extension was made by proper bandages. But experience has shown that the foot comes down without surgical interference of any kind. We therefore direct the mothers, if anxious for an operation (and such is often the case), to wait for two or three weeks, and in the meantime to rub the feet, and try to give them movement, and it almost invariably happens that before the time has expired the deformity has disappeared. Should permanent muscular contraction exist, the tendons above mentioned may be divided; but I strongly urge delay, and advise you to see how far the parts will be relieved by natural causes. I have never seen a case of the kind, except in very young infants, in whom the foot is occasionally a little longer and flatter than usual. It is not common, but is unquestionably the easiest kind of deformity to treat. I have nothing further to say about it.

Talipes calcaneo-valgus is the deformity here presented. It is a non-congenital affection, and arises from cerebral or spinal disease, producing paralysis, partial or complete, of the gastrocnemius muscle alone, or of the entire muscular apparatus of

FIG 7.

the calf. In such a case you find the heel flattened posteriorly, and, as it were, sunken—that is to say, the anterior extremity of the os calcis is raised higher than the posterior; while the anterior part of the foot, or all that in front of the os cuboides and astragalus, is pulled outwards by the action of the peronei muscles. The length of the foot consequently is diminished; the longitudinal arch increased; the ligaments on the dorsum are elongated; those of the sole, together with the muscles with which they are connected, contracted. The patient rests, in walking, on the posterior extremity of the os calcis and on the inner ankle, inasmuch as the tibialis anticus and the extensor muscles draw the foot upwards, while the peronei evert it, both sets of muscles acting without the important controlling influence of the muscles of the calf. It is frequently combined with general atrophy of the entire limb, and with paralysis of all the muscles, except those whose contraction produces and directs the deformity. The limb is cold, and the circulation languid. The patient suffers easily from chilblains, and wounds heal with difficulty and slowly. The tendo-Achillis may be thin and narrow, feeling like a small cord at the posterior part of the ankle. You can imagine how lame a person so afflicted must walk; how unfit such a foot, deprived of all useful motion and thrown from its proper bearings, must be even for support. I have not met with a well-marked case of recovery; but Mr. Tamplin has related the following:—A child was put to bed in apparently perfect health. When taken up in the morning, it was found to have lost the use of both lower extremities. This state continued for three or four days, when the left leg recovered itself; the right did not recover motion for three weeks. At the end of that time, however, the child could again walk, but with considerable lameness. Embrocations and frictions had been freely used. The foot was found in the condition of calcaneo-valgus. He divided the extensor communis digitorum, and the peronei, tertius, brevis and longus. Extension and adduction were maintained by Scarpa's shoe for ten weeks, when the foot was restored to its natural form and position. The patient could flex and extend it at will, without experiencing any lateral deviation. She was, of course, obliged to wear a boot with an upright support.

A method of treatment has been suggested, which, doubtless, will occur to your minds. If the tendo-Achillis be too long, why not cut a piece out, and let the wound granulate and the parts contract? The operation was attempted, without success, some years ago, but, probably, circumstances were not quite conducive to a favourable issue. In this case the foot remained as unmanageable as ever; but, on the other hand, the patient's circumstances were poor, and he laboured under the great disadvantage of attending as an out-patient, so that the divided parts were not kept in a state of perfect rest. Two months ago I saw a young man, a clerk, who was the subject of this deformity in an aggravated degree, and proposed to him that he should submit to a trial of the operation. But after some deliberation, he decided on contenting himself with mechanical relief, by which he was enabled to pursue his usual avocations. The diminished vitality of the limb somewhat contra-indicates the performance of such an operation.

In the treatment of calcaneo-valgus you will, as in the treatment of other deformities, effect nothing by violence. All your proceedings must be gradual, and conducted with gentleness. It is prudent to inform the patient that the treatment can be only palliative; that there is no reasonable prospect of the gastrocnemius muscle regaining its normal power. You thus guard against the error of exciting too florid hopes. The first step consists in the subcutaneous division of those muscles which pull up the anterior part of the foot—namely, the extensors of the toes and the peroneus tertius, longus, and brevis.

In the severer cases it may also be desirable to divide the plantar fascia and any of the muscles which can be reached with safety. Recollect, however, the danger of wounding the plantar arteries. You then proceed to extend and elongate the foot, and to bring the bones into their proper bearings. This is most readily effected by means of a Scarpa's shoe with double action—namely, flexion and extension, adduction and abduction—and by pressure on the dorsum of the foot. When the foot has been replaced, the patient must wear a boot with double irons up the leg, and with a stop-joint at the ankle, with the action reversed to that required in talipes equinus. In the latter, the danger consists in the preponderating action of the muscles of the calf. In the case before us, the gastrocnemius is without power, consequently the irons must hold the limb at right angles, and prevent the elevation of the foot beyond that point.

Talipes valgus means flat foot, (splay foot)—a deformity which you will be often called upon to treat, not only amongst

FIG. 8.

the labouring classes, compelled to stand for many hours during the day, but likewise in the upper ranks, and not uncommonly amongst ladies who have exchanged the figure of youth for matronly *embonpoint*, and who find themselves compelled to be much about the house in the discharge of their domestic duties.

Some surgeons have attempted to establish a difference between flat-foot and talipes valgus, meaning by the former the simple sinking of the arch of the foot; by the latter, the sinking of the arch, coupled with the elevation of its outer border by the action of the peronei muscles. No advantage results from such a distinction, which is purely arbitrary. Others have affirmed, that if the symptoms attending the sinking of the arch of the foot be excepted, the deformity is one free from pain or serious inconvenience. Believe nothing of the kind, gentlemen. Patients thankfully seek for the services of him who can give them relief. Nor is the case, in every form, one perfectly simple and easily understood. You will have in this, as in other deformities, to recognise various complications.

The arch of the foot is supported by the elastic calcaneo-scaphoid ligament, which, with the anterior surface of the os calcis and the os scaphoides, forms a socket to receive the head of the astragalus. Under this ligament passes the tendon of the tibialis posticus muscle. The various other ligaments and muscles act as accessories. You are, of course, aware that the arch of the foot is twofold: the first, and more important, extending from behind forwards—i. e., from the heel to the ball of the great toe; the second, from side to side, formed by the scaphoid, cuboid, and cuneiform bones. In flat-foot, both these arches have sunk. The movements of the foot are more delicate and complex than those accustomed to admire only a well-made boot are apt to suppose. There is in it a power, as it were, of grasping the ground—of adaptation to inequalities of surface; the weight of the body is received on an elastic spring, which wonderfully facilitates locomotive power. The loss of the arch of the foot may entirely destroy these various movements, and, under all circumstances, must interfere with them most seriously.

This deformity is congenital and non-congenital. The former is due to position in utero, and is sometimes combined with talipes varus of the opposite foot. I have seen the two feet, one in the position of varus, the other of valgus, fitting one into the other, as a cup and ball. But of this variety I have nothing to say that does not apply equally to non-congenital varus, except that even in the slightest cases the division of the peronei tendons is a necessary measure. In non-congenital cases, the first symptom consists in pain along the sole of the foot after standing; sometimes there is pain also transversely across the dorsum, in front of the ankle-joint. If you inquire of the patient the exact seat of pain, he may not be able to indicate it. He complains of a general aching, which is often referred to rheumatism. I had under my care last year a gentleman who had for above a year taken every conceivable drug to relieve him of supposed rheumatic pains of the feet, due, in truth, to the sinking of the arch. If you examine the foot after the patient has enjoyed a night's rest, you may not at first detect the deformity. If, however, you press lightly against the fore part of the foot, you will find that the antero-posterior or calcaneo-scaphoid arch at once disappears, and the inner margin of the sole becomes perfectly flat. But the patient should be examined after exercise, and then it may be found that pressure on the calcaneo-scaphoid ligament produces marked and it may be severe pain; that the peronei tendons are starting at every instant; that the tendo-Achillis is rigid. Let the patient rest again for a few hours, and all this muscular irritability ceases. The deformity, if unchecked, proceeds to the most complete flattening of the foot, both scaphoid bone and astragalus coming to the ground. The particulars of the dissection of a foot so deformed, in an extreme degree, have been recorded by Mr. R. Adams.* He found the ankle and tarsal joints remarkably stiff and rigid. Upon the removal of the soft parts, numerous vegetations were seen proceeding from the bones of the tarsus about the margins of the joints. The direction of the os calcis was more horizontal than natural; nevertheless, the astragalus, os scaphoides, and calcaneo-scaphoid ligament, were more altered than any other of the structures of the foot. The long axis of the astragalus was nearly horizontal. From the upper surface of this bone there sprang an osseous vegetation, which stretched half an inch long in front of the fibula, by which the ankle-joint was rendered nearly immovable, as would be the case in bony anchylosis. This immobility of the ankle appeared to be somewhat compensated by greater mobility of the middle tarsal joint. The head of the astragalus was large, and the concavity of the scaphoid bone, fitted to receive it, proportionately increased. The calcaneo-scaphoid ligament, which in the normal state supports the under surface of the head and neck of the astragalus, was in this case ossified, and changed into a large sesamoid bone, nearly an inch long in its greatest diameter, serving by its under convex surface for the insertion of the tendon of the tibialis posticus muscle, and by its upper concave surface forming with the os scaphoides a large bony socket for the head of the astragalus. This cavity was as large and as complete as the glenoid cavity of the scapula. The narrowest point of the ovoid was directed downwards and inwards. This point corresponded with that internal projection of the foot so characteristic of talipes valgus. The other bones of the foot presented nothing abnormal beyond numerous vegetations from their articular borders.

We have lately had an opportunity of seeing the serious results which may ensue from neglect in the treatment of flat-foot in the early stages. A middle-aged man, now in Pitcairn ward, engaged in hat-making, became the subject of talipes valgus in consequence of his standing twelve to fourteen hours a day using a heavy metallic press, leaning particularly on the right lower extremity. The arch of the foot accordingly sank, and the head of the astragalus came to the ground. Well, the integument over the diseased parts got into an inflamed, swollen, and unhealthy state, and sinuses led down to the sole of the foot, so that the patient was unable to use the limb. The man had been under the care of one of my colleagues for nearly eight months, deriving temporary benefit from continued rest, but suffering a recurrence of all his symptoms on making the least attempt to bear on the limb. I was forced to amputate the foot just above the ankle; and I adopted this measure at the man's request, with the full concurrence of others who examined the case with me. We felt that although the disease was not in itself incurable, it would nevertheless occupy so long a period of the patient's life, and finally leave him in so crippled a condition, that it was in every way to his advantage to get rid of the offending part. But, in the commencement, all this mischief might have been arrested.

On examination, we found sinuses extending deeply into the sole of the foot, the tissues of which were thickened and infiltrated. The articular cartilage had in part been removed from the head of the astragalus; but the calcaneo-scaphoid liga ment

* Dublin Journal of Medical Science, vol. xix., 1841, p. 125.

was both softened and covered with that thick, pulpy substance which is so often found about diseased joints. Moreover, there was ulceration of that part of the os calcis which comes into contact with the os cuboides.

I remember, many years ago, a case of fracture of the neck of the astragalus in a young man, who came to the ground on his feet from a great height. He was admitted into this hospital, under the care of MR. STANLEY; and the explanation of the character of the accident was, that in consequence of his being the subject of flat-foot the weight of the body was transmitted to the ground directly through the head and neck of the astragalus, which formed the lowest part of the sole of the foot.

In such a case the internal lateral ligament must have become elongated, so that the astragalus would not only sink to the ground, but lie also somewhat obliquely in the tarsus. Finally, the peronei muscles raise the outer border of the foot, the peroneus longus abducting the anterior half; the remaining muscles acting spasmodically, and keeping their respective tendons tense. The tendo-Achillis becomes also tight from spasm of the muscles of the calf, and does not permit the foot to be raised.

Now, when the tendo-Achillis is tight, and drags upon the posterior extremity of the os calcis, it is obvious that it offers a serious resistance to the raising of the arch of the foot. The os calcis does not, in its natural position, lie quite horizontal; the heel only touches the ground, the anterior extremity being raised to a level with the articular border of the os scaphoides. You may be obliged, then, in some cases, to divide the tendo-Achillis before the usual means will be found efficacious.

In the simpler cases relief may be afforded by a boot with raised sole and outside irons with straps. The boot should be made broad in the sole, an elastic pad being introduced under the inner leather to give support to the head of the astragalus and to sustain the antero-posterior arch. A strap passed from the outside iron over the inner ankle, prevents that part from projecting inwards. Direct the patient to wear this apparatus from the moment he rises from the bed; let him never bear upon his feet one moment without the support. If the pad hurts him he should lie down until the uneasiness has passed away. By perseverance he will soon find the advantages of the treatment. But the pad must not be too large. I have known instances in which the pressure was so great and the surgical supervision so imperfect, that a slough formed in the sole of the foot, rendering the patient's condition more distressing than ever. If there is decided and permanent contraction of the peronei muscles they must be divided, but I think this operation is often performed when it is not necessary. Let the patient lie quiet in bed for two or three days, and the surgeon will notice a remarkable subsidence of muscular spasm and tension of the surrounding tendons. Still the tendo-Achillis often requires division. I had under my care quite lately in St. Bartholomew's Hospital an errand-boy suffering from talipes valgus, which had not been improved either by apparatus or by the division of the peronei tendons. Finding after a week's rest that the patient could not by any means raise the feet beyond a right angle, I advised the division and extension of the two Achilles tendons. The operation was performed, and the case then proceeded favourably. But some months passed before he could walk about with strength and activity.

I must warn you not to confound "weak ankles" with "flat-foot." You see many weakly girls walking about with unsightly projection of the inner ankle, and it does not follow that in these cases the arch of the foot is lost. The point is easily ascertained by examination. In such cases no more would be required than an outside iron attached to the boot, with free movement at the ankle-joint, and the usual strap to pass round the lower part of the leg. But even this measure is not always necessary.

There is yet another and allied deformity of the foot, of which I must say a few words—namely, talipes equino-valgus. You have here in all cases contraction of the gastrocnemius muscle, combined with and proceeding from *paralysis of the anterior and sometimes posterior tibial muscles*, caused by irritation or disease of the nervous centres, difficult dentition being amongst the young one of the most commonest precursors. The heel is seldom raised beyond a right angle; the peronei and the extensor muscles are contracted; the front part of the foot is everted, the patient walking on the inner margin, and especially on the ball of the great toe, producing a great and constant strain on the internal lateral ligament, which is at times so weakened and elongated as to allow the astragalus to sink. I have examined cases after death, in which both the anterior and posterior tibial muscles have undergone an extreme degree of fatty degeneration, and you may possibly meet with similar specimens from time to time in the dissecting-room.

In these cases, where the deformity is combined with paralysis, you can do no more than place the bones in their proper position, and give the patient artificial support. The contracted tendons must be divided; the abduction of the foot overcome by Scarpa's shoe. The foot must then be raised, and the padded boot and outside iron subsequently worn. By perseverance in such support, the ligaments will have time to re-contract, when the limb may regain sufficient firmness to enable the patient to walk about with ease, and even for some hours in the day, with a common boot. But the other appliance must never be entirely laid aside, lest the deformity should return.

Such, gentlemen, is a brief outline of the deformities of the feet. You may observe that they are numerous, even under the simplest arrangement. In practice, however, you will find them more numerous still; but I have said, I hope, sufficient to show that he who chooses to become master of the subject, possesses the means of affording a vast amount of relief.

In my next lecture I shall proceed to the consideration of a subject on which, of late, much has been written—namely, the nature and treatment of curvatures of the vertebral column.

REPORT OF A
CASE OF ANEURISM OF THE AORTA.

WITH REMARKS.

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Double aneurismal sac; compressed bronchus and œsophagus; stretched and flattened pneumogastric nerve; destructive inflammation of lung; fatty heart.

THE subject of this case was a stout, fat man, fifty-two years of age, by trade a miller, who (with the exception of a slight attack of delirium tremens after a protracted debauch some seven or eight years ago) had always enjoyed excellent health until the commencement of his present illness. About five months previous to his admission into the Norfolk and Norwich Hospital he began to suffer from cough, mucous expectoration, hoarseness, and wheezing respiration. These symptoms (which he attributed to cold) continued gradually to increase; and in March, 1860, when he first came under my observation, he presented all the appearances of a man suffering from subacute bronchitis.

At this time his breathing was loud, wheezing, and almost asthmatic in character, with occasional paroxysms of more urgent dyspnœa. The expectoration consisted of a large quantity of serous fluid, mixed with a little bronchial mucus. On examining the chest, wheezing respiration with abundance of ronchous and sibilant râles were heard, all these signs being much louder and more marked on the right than on the left side. The heart's sounds were weak and clear, but free from bruit. No abnormal murmur could be heard anywhere in the chest, nor any secondary centre of pulsation be made out; but there was distinct dulness on percussion in the middle of the left side of the chest. There was no inequality of the radial pulses, no sign of ossification of the arteries, and no contraction of either pupil. He stated that he was not conscious of having injured himself in any way, and that he had never spat blood.

A week later (April 3rd) his symptoms had become much aggravated. His breath was shorter, and the respiration more noisy—often almost stridulous, the cough and expectoration being equally troublesome. He now complained of pain in the left side of the chest and in the left scapular region, with occasional pains in the left shoulder and down the left arm. Distinct, but neither forcible nor extended, pulsation could now be felt beneath the upper part of the sternum, but no bruit (either now or at any subsequent period) could be satisfactorily made out. Percussion-dulness was now well marked in the left supra-mammary region and over the root of the left lung behind. The respiratory murmur on the right side was loud, noisily wheezing, and accompanied with loud moist and dry râles; whilst on the left side behind it was very feeble, and in front nearly absent over almost the entire lung. The

left jugular vein had become much more distended than the right.

At my visit on April 7th, I found him just recovering from a severe attack of spasmodic dyspnœa, with relaxed muscles, perspiring skin, livid countenance, and great respiratory labour and distress.

April 10th.—He had now somewhat improved as to his general condition, but the pulse and impulse of the heart were very soft and weak. The secondary pulsation had become more distinct and diffused, and could plainly be felt in the sternal notch, and beneath the inner end of the left clavicle.

16th.—He began to complain of difficulty in swallowing solid food.

24th.—He observed a little blood to have passed per anum.

29th.—He is reported to have coughed up a little blood on each of the two or three preceding days.

May 1st.—The difficulty of breathing and of swallowing had increased. The cough, expectoration, hoarseness, and occasional attacks of spasmodic dyspnœa remained as before, and he complained much of pain in the left side. There was no increase of the area or force of the pulsating swelling.

Between this date and the 15th he continued gradually to fail in strength, his power of swallowing becoming at last limited to the taking of fluids. Twice or thrice during this fortnight he coughed up a considerable quantity of red frothy blood, and on the evening of this day he suddenly brought up a large quantity of nearly pure scarlet blood, and died in about a quarter of an hour afterwards.

The treatment adopted consisted at first of nitre, ipecacuanha, &c., given with a view to check the bronchitis, which was then the urgent symptom; but he was so much depressed by these remedies that stimulant expectorants—senega, squills, and ether, with opium—were obliged to be substituted, and from these he experienced decided relief. Subsequently, when the tumour was found to be increasing, ice to the chest, and acetate of lead internally, were had recourse to; but these, as well as every other depressant that was tried during the time he was in the hospital, were so markedly injurious, that they were compelled to be relinquished, and stimulants, with wine or brandy and good diet, to be given in their stead. Stimulants never appeared to excite the circulation or to increase the force of the pulsations, but, on the contrary, always seemed to make him quieter and more comfortable. He derived great relief from morphia and other preparations of opium, which were administered freely.

Body examined forty hours after death.—On raising the sternum, a tumour was seen beneath its upper part, which adhered to this bone and to the left upper ribs. The left external jugular vein was involved in it, and its cavity obliterated. The trachea was seen to be pushed over to the right of the median line. From one to two pints of clear yellowish serum were found in the left pleural sac. The right lung was enormously distended; its lobules very plainly marked out on its surface, crepitant everywhere, and, when cut into, quickly collapsing. The left lung was collapsed, solid, and infiltrated throughout with dirty-white or greyish purulent matter, and with lymph not yet converted into pus. Blood was found in the mouth and pharynx, but not in the trachea. On opening this tube, the cartilages of the larynx were found to be rigid and ossified. The left bronchus was flattened and compressed, but not quite closed, and about half an inch above its orifice in the wall of the trachea was seen an irregularly rounded, ulcerated opening, the size of the end of the little finger, which opening was found to communicate with the cavity of an aneurismal sac, through a mass of coagulated fibrine contained in its interior. The œsophagus in its upper part was empty. Just below its middle it was encroached upon by a bulging swelling, of the size of a small orange, and just below this again was contracted to a very small size, but healthy. Coagulated blood was found in it both above and below the swelling. The heart was covered with much fat externally. Its walls were thin, and all its cavities enlarged. The muscular tissue of both right and left ventricles was found (under the microscope) to be in a state of advanced fatty degeneration; the valves were healthy. The aorta was greatly diseased; its lining membrane closely studded with atheromatous and bony scales and plates. These patches covered the greater part of its inner surface near the heart, and were very numerous and distinct even into its abdominal portion; but the large arteries of the neck, up to their junction with the aorta, were entirely free from disease. Two aneurismal sacs were found to spring from the aortal arch. One, the smaller, about the size of a duck's egg, sprang from its upper part, between (but not involving) the great arteries. It appeared to be composed of all the arterial tunics, was half filled with fibrinous coagulum, and communicated with the artery by an aperture so large as virtually to make it a portion of this tube. The other, the larger, also a true aneurism, and also opening into the aorta by an orifice nearly as large as the entire diameter of the sac, arose from the back part of the arch immediately behind the left subclavian artery. It formed the large bulging seen in the œsophagus, and through the layers of fibrine contained in its interior blood had escaped by the ulcerated opening into the trachea. The left pneumogastric nerve was seen crossing over the front of the aorta to enter the left lung. It was much flattened (and must have been considerably stretched), and one large branch, just prior to its entrance into the lung, so much so as to exhibit quite an acute edge.

Remarks.—I do not now propose to make any observations upon the more common phenomena of aneurism presented by this case, but it does appear to me that it affords such an assemblage of some of the rarer features of the disease, and to corroborate so strongly views lately put forth by some of the ablest observers in the profession, that I think it well worthy of a few passing comments.

The points which I wish particularly to notice are the following:—

1st. The existence of two distinct aneurismal sacs, both of which were true aneurisms, both apparently of about the same age, taking different directions, making pressure upon different organs (indeed the visible pulsating tumour in the neck was neither the cause of the dysphagia nor of the fatal issue), communicating with the aortal canal by large orifices, and both (probably for this latter reason) running their course without the development of any abnormal murmurs. From my own experience of this disease, and from the mode in which this subject is treated by authors, I apprehend that, though *simple dilatations* of the diseased aorta are not uncommon, and though an aneurism is not unfrequently present in more than one limb at the same time, yet the coexistence of more than one distinct aneurismal sac in the arch of the aorta is very rare.

2nd. The occurrence of hæmoptysis in cases of aneurism. Many cases are on record in which blood was expectorated by aneurismal patients weeks or months before the fatal result occurred. It is well known that in the case of the late Mr. Liston hæmoptysis took place to the extent of many ounces at least five months before his death; and Dr. Gairdner, in a communication to the Medico-Chirurgical Society last year, directed the attention of the profession to a remarkable case which had fallen under his observation, in which the first gush of blood had occurred four years and eight months before the patient's death, blood being also expectorated in varying times and quantities during the whole of this long period. Still these are the exceptions; and the general feeling and expectation is, that when rupture of the aneurism has once taken place the death of the patient from hæmorrhage is at hand. In the present case, about three weeks elapsed between the first observation of blood in the stools and the final fatal hæmorrhage.

3rd. Another point of great interest (indeed, the one which has induced me to place the case on record) is the illustration which we have here of the effect of interruption of the nervous supply on the nutrition of the great organs of the body. The autopsy showed the left pneumogastric nerve to be stretched and flattened, and the left lung in a state of destructive inflammation. The connexion between these two conditions cannot, I think, be for a moment doubtful. The general experience of the profession shows how prone parts whose nervous supply is only diminished are to run into inflammation of an asthenic character; and we all know how the nates slough in disease of the spinal cord; how the bladder inflames under the same circumstances; how a low form of inflammation occurs in the lungs of lunatics; how disease of the fifth nerve within the skull has been known to give rise to inflammatory destruction of the eyeball; and how experiment has shown that artificial division of the sympathetic and fifth nerves will give rise to a similar destruction of the eye. Dr. Reid's experiments on the artificial production of suppurative and gangrenous inflammation of the lung by division of the vagi nerves in dogs are also well known. Within the last two years, several illustrations of this effect of involvement of the nerves in other diseases have been published. Thus,

Dr. Budd ("Medico-Chirurgical Transactions," 1859) alludes to cases in which suppurative inflammation of the gall-bladder arose from the cutting off of its nervous supply by cancerous disease of the liver; and gives in detail others in which suppuration of the lung followed engagement of the pulmonary plexus in thoracic cancer.

Dr. Gull ("Guy's Hospital Reports," 1859) reports three

cases, one of aneurismal, and two of cancerous, disease of the chest, involving the pneumogastric nerve, in which destructive inflammation of the lung was found to have ensued.

Again, in the beginning of the past year, Dr. Fuller brought before the Pathological Society a case (recorded in vol. xi. of its "Transactions") very similar to the present, in so far as the lung on the side of the aneurism was in a state of suppurative inflammation. Here the tumour "adhered closely to, and pressed upon, the left lung, the greater part of the upper lobe of which was in a state of gangrene."

This point of pathology, then, may now be considered to be fully recognised and understood; but that it is only quite lately that this has been the case is shown by the fact, that so recently as 1855, Dr. Todd gave a clinical lecture upon "Aneurism of the Aorta," in which he described a destructive inflammation of the lung, running into gangrene, accompanying a thoracic aneurism which had compressed the root of the lung, and which gangrene he ascribed to compression of the pulmonary *vessels*, without even alluding to the possibility of the nerves having been in any way concerned in its production.

4th. There was present very extensive atheromatous disease of the aorta, with fatty degeneration of the muscle of the heart; and throughout, though a stout and well-formed man, he exhibited a very marked debility. At no time did he derive benefit from sedative treatment; but, on the contrary, this always appeared to make him worse, whilst he as constantly expressed himself as feeling better in all respects for generous diet and stimulants, with astringents. And, I would ask, does not the confessed origin of the disease, in so many instances, in that condition of system which is known by the name of the fatty diathesis, and which is essentially one of low power and deficient organization, add a further argument to those which both theory and experience have adduced in favour of treating this disease less and less often by depletion, by starvation, and depressing remedies, which, whilst diminishing the coagulability of the blood, increase the irritability of the heart, and of treating it (where any interference seems desirable) more steadily by moderate attempts to bring the system into such a state that the fibrine shall be improved in coagulating power, *the tone of the walls of the sac increased*, so as better to resist the dilating strain put upon them, and the tendency of the albuminous tissues to be replaced by the fatty, in the various parts of the body, be as far as possible checked? We are taught that our only hope of cure of an aneurism lies in the possibility of filling its cavity with coagulated fibrine (a point upon which I propose to say something hereafter); but this result will never be brought about by rendering the blood thin and watery.

This opinion, strongly put forward by Dr. Copland, has of late years been steadily gaining ground; and I cannot but think that depletion and lowering measures generally are not applicable to the majority of cases of aneurism, but are chiefly suitable in those cases which arise from sudden violence in persons in whom the aorta may reasonably be considered to be moderately free from disease, and in whom the body is robust and the circulation vigorous; or as a remedy for occasional vascular excitement in a few other cases. And if this view is correct, it is not sufficient merely to diagnose a case as one of aneurism; but before deciding on the treatment, it is necessary to go a step further, and determine, as far as possible, the exact condition of system out of which, or in which, the arterial disease has arisen.

Norwich, 1861.

AN INQUIRY INTO A FREQUENT CAUSE OF INSANITY IN YOUNG MEN.

BY ROBERT P. RITCHIE, M.D. EDIN., L.R.C.S.E.,
RESIDENT PHYSICIAN OF BETHNAL HOUSE ASYLUM.

PART I.

ON entering an asylum for the insane, especially if it be one receiving patients from the middle as well as from the lower class of society, there is one group of inmates which may arrest the attention of the visitor from the contrast presented to the excited persons around him, on the one hand, and to those who are convalescent on the other. Engaged in no social diversion, the patients of this group live alone in the midst of many. In their exercise, they choose the quietest and most unfrequented parts of the airing grounds. They join in no social conversation, nor enter with others into any amusement. They walk alone, or they sit alone. If engaged in reading, they talk not to others of what they may have read; their desire apparently is, in the midst of numbers, to be in solitude. They seek no social joys, nor is the wish for fellowship evinced.

In some asylums these patients form a considerable proportion of the male inmates; but, for reasons to be presently alluded to, it is not very remarkable that the cause of this kind of mental alienation, and its existence as a distinct form of disease, have by some been doubted. It is, however, remarkable that writers on mental maladies pass over this class of mental affection with scarcely an allusion to the occasion of it. It is surprising that those who undertake to treat of a whole subject should refer to so important a section in a most cursory and unsatisfactory manner. To this there are few exceptions. In Prichard's treatise, published in 1835, there is little or no information upon the subject. With the exception of the late Sir W. Ellis, of Hanwell, there is scarcely an English author of a work on insanity who has entered upon it. In his "Treatise on Insanity," published in 1838, he specially alludes to this class of cases, and recognises its importance. He pertinently remarks: "A great deal has been said on dementia by previous writers on insanity, but this, the true cause of its origin in by far the greater number of cases, has not been mentioned."

Esquirol also alludes to patients of this class, but does not appear to have recognised that a regular and, I may say, constant set of symptoms indicate mental alienation proceeding from the cause treated of—the vice of masturbation. In his work "Des Maladies Mentales," in the chapter "De la Folie," (page 24, Brussels edition, 1838,) it is written:—"La masturbation, ce fléau de l'espèce humaine, est plus souvent qu'on ne pense cause de folie, surtout chez les riches." Whilst at p. 35 he again writes:—"La masturbation, dont nous avons parlé sous un autre rapport, est signalée, dans tous les pays, comme une des causes fréquentes de folie; quelque fois est le prélude de la manie, de la démence, et même de la démence senile; elle jette dans la melancholie, conduit au suicide. Elle est plus funeste aux hommes qu'aux femmes," &c.

In the excellent work lately presented to the public by Drs. Bucknill and Tuke, the design of which was to supply the want existing of a good treatise on insanity, solitary vice as a cause of mental disease has been all but passed over, and no available information upon this subject is afforded.

From the ages of antiquity the effect of indulgence in libidinous pleasures has been recognised, but their effect on the manifestation of the mind requires, it appears to me, further description. Some reliable information upon a matter so important to the well-being of society cannot therefore be quite unnecessary. I am also induced to submit the following observations to the profession from the fact that in 119 cases which were recognised after admission into Bethnal House Asylum to be due to this melancholy cause, in only 6 was the true cause understood previous to admission; whilst the greater proportion of those cases in which the supposed cause was stated was attributed to religion or over-study.

Seeing, then, the necessity for more certain information, this communication is offered, in the hope that not only may the patient by timely aid be restored, but also that the general practitioner, when insanity has been thus produced, may be enabled to form some opinion as to the progress and results of the mental disease, and to warn the patient's friends of the uncertainty attending the progress of the malady. And who can doubt the importance of recognising these cases before the mental symptoms have become so urgent as to necessitate the interference of the alienist, when generally the physical system is so reduced, and the mind so impaired and shattered, that but little treatment of a sanative nature can be adopted?

Let us not ignore so powerful a cause of mental disease merely because it is a nameless vice, and one we blush even to allude to. It is of too frequent occurrence, and is too serious in its results, to be passed over lightly.

The inquiry into the mental characteristics and physical aspects of the lunatic victim, self-sacrificed to this vicious indulgence, will be best conducted by reviewing:—

I. Some of the statistics of the subject.

II. By inquiring into the mental phenomena and physical indications.

III. By our attention being directed to the prevention and treatment, both medical and moral.

I. STATISTICS.

1. *Frequency as a cause of insanity.*—It is especially desirable to ascertain the frequency of cases of insanity arising from

masturbation—a word which in future shall be alluded to rather than expressed.

There are considerable difficulties in obtaining definite and certain information on this head, because, as has been already remarked, some alienist physicians do not recognise mental disease to be produced by this cause, and they are satisfied with the cause being stated to be "unknown," or receive as correct some other than the true one.

From Dr. Thurnam's statistics it would appear, that amongst the Society of Friends, 4 cases out of 59 were stated to have this as their cause; and, again, in 8 persons unconnected with the Society of Friends, 2 cases were attributed to the vice, thus giving the proportion of 1 in 14·75 cases in the one instance, and of 1 in 4 cases in the other, or an average of 1 in 9·37.

From Esquirol's tables no precise deductions can be made, because he does not separate the males from the females, but merely gives the totals. He allows, however, that the cause is much more frequent in its dire results amongst males than females.

In Drs. Bucknill and Tuke's "Psychological Medicine," it is stated, that of 29,769 cases of lunacy, of which the exciting cause was ascertained, three-fifths were referable to physical, and two-fifths to moral causes.

Occupying the fourth place in importance of the physical causes, are "vicious indulgences." Under this head, I presume, the cases inquired into will be found; but, as I shall presently show, caution must be exercised in receiving a statement founded upon a collection of cases, of which the proportion of males and females, of private and pauper patients, is not known; for it will be found that one cause exercises an effect in one class more frequently than it does in another. This is a point to which, it appears to me, too little attention has been paid in forming statistical tables of the causes of insanity.

On referring to the tables drawn up from the experience of Bethnal House Asylum, the frequency of this cause may appear to be exaggerated or over-stated. Would that it were so. But I fear that in the comparison of cases in this institution with those in others, the excess appears only because the cases in the latter, not being recognised, have been under-stated. Of 1345 male patients admitted since the year 1845, when books, according to the form now employed, were introduced by the Act, 8 and 9 Vict., c. 100, I find that 119 cases have been recognised as due to this propensity. This would give a per-centage on the total admissions of 8·84, or 1 in each 11·30 patients. On prosecuting the inquiry further, the important fact, that insanity from this cause is of twice as frequent occurrence in private as in pauper patients, is ascertained; for it is found, that of the 119 cases, 64 were admitted as private, and 55 as pauper patients. Now of the 1345 males admitted, 511 were as private, and 834 as pauper lunatics. There will thus be a per-centage on admissions in the private class of 12·52, or 1 in 7·98, and in the pauper, of 6·59, or 1 in 15·16 admissions.

From the fact that the cause produces insanity twice as frequently in the private as the pauper class, I presume that there has been greater difficulty in recognising cases in our county pauper asylums, although this was the field of Sir W. Ellis's observations; and the denial of the effect is, I consider, to be traced to conclusions having been arrived at only, or in great measure, from pauper lunatics. This, also, shows how carefully statistics of the causes of insanity ought to be prepared, for the variation in the frequency of causes amongst the higher and lower classes is not confined to that under consideration.

It must also be borne in mind, that many of those admitted as paupers occupied that position only because they had become of unsound mind. Had mental health continued, they would not have been in that reduced position. It will, however, be sufficiently accurate, bearing this in mind, to state, that the cause acts apparently twice as frequently in the upper as in the lower classes. How can this be explained? It is generally believed that the confined space in which the families of the lower classes reside has a marked tendency to lessen the moral tone of their society. And may it not also be that marriage is of more frequent occurrence, and at an earlier age, in the lower than in the upper classes? If this be true, then are early marriages not always productive of evil; but whilst tending to impair the healthiness of the offspring, they are productive of good to the parent, at least on the father's side.

2. *Age.*—The next subject for inquiry is the age at which the first attack of insanity occurred in these cases:—

In 7 paupers, the age was not ascertained; the numbers will, therefore, be—of private patients, 64; of paupers, 48; or 112 in all.

Of the private patients, 22 were first attacked by insanity between the ages of 15 and 20; and 19 lost their reason between 20 and 25. In other words, nearly two-thirds became insane under the age of 25, and rather more than one-third under the age of 20. Of the remaining 23 cases, by far the largest proportion occurred between the ages of 25 and 30.

Amongst the 48 paupers, the relation borne to age on the first attack is nearly the same. Thus the mind gave way in 11 under the age of 20, and in 19 between the ages of 20 and 25; so that, as in the other class of patients, nearly two-thirds of the cases occurred under the age of 25. Of the remaining 17 cases, the larger number was attacked under the age of 30.

Thus, of the 112 cases, 72 (or nearly two-thirds) occurred under the age of 25; whilst the remaining third happened above that age; of which 27 became insane under 30, and 13 above that age.

In first attacks, the greatest proportion of cases of insanity, from all causes, occurs in males between the ages of 30 and 40. In patients from this vice, the greater proportion, as just stated, is between 15 and 25 years. Cases above the age of 30 are exceptional.

3. *Condition as to marriage.*—On referring to the condition as to marriage, it is found that of the 119 cases, 113 occur in single, and 6 amongst married, men. In 4 of these 6, the mental disease first showed itself *above* the age of 25 years; and in 2 under that age: 5 of these 6 were pauper patients. In one of these cases, the facts were of an interesting nature; for whilst the patient was convalescent, he became much depressed, and at last acknowledged that the occasion of his depression was the fear he entertained that he might once more give way to his vicious habit. These cases are also interesting as showing that the married state is not always a preventive of this vice, and tell how difficult it is, when once the habit has been indulged in, to overcome it. 113 were single men. This ceases to be matter of surprise when it is remembered that the average age at marriage of the male population of England is 26 years. It must be kept in mind, that the pernicious habit has generally been formed at an early age, and that one of the consequences in its victims is their dislike for the society of females, and a consequent disinclination for the more intimate relation of the married state. It is probable that a large proportion of the marriages of males, under the age of 25, occurs amongst the working classes; for the causes which operate amongst the better ranks of society do not exercise so great an influence amongst the former in preventing early marriage. But reference to the Registrar-General's reports does not settle this question; it is one, therefore, rather of surmise than of fact.

Another point to be noticed as regards the vice and marriage is, that in certain parts of the kingdom the per-centage of unmarried men largely exceeds the average for England. Is, then, insanity from the vice more common in these districts? From asylum reports it would not appear to be so; but, on the other hand, the per-centage of illegitimate children in these districts exceeds the average for England.

4. *Rank.*—As regards the rank or social position of the cases, it has been already shown that those amongst the middle classes largely exceed those amongst the paupers. It would appear that the middle classes are more the subjects of insanity thus occasioned than either the class above or that below them in social grade. This result is just that which might have been expected from the consideration of the inducements to the habit, having regard to morality, (whether due to religious feeling or self-imposed,) to occupation, recreation, social intercourse, and facilities for marriage.

5. *Sex.*—A few remarks on the sex of the patients may not be quite out of place. The object of this paper being to show how frequent one of the causes of insanity in young men is, it has not been considered necessary to make any comparison with the female insane, and I shall only remark that there appears to be great similarity in the mental symptoms presented by the sexes, with this addition, that in the female a hysterical condition is manifested which in the male does not appear. Although there is reason to believe that indulgence in this vicious propensity is by no means infrequent amongst females, it does not appear that insanity is so commonly produced thereby in them as in males. It is not to be expected that the effects on the mind would be so severe in the female as in the male, and I believe that the mind is only in rare instances so affected as to necessitate removal to an asylum, though there is little doubt that a variety of obscure maladies are occasioned, for the detection of the true cause of which considerable tact is required.

It will be observed that cases of nymphomania are not here alluded to. This distressing affection is observed at all ages, is frequently manifested during the progress of mania, and

is to be regarded rather as a result of the loss of self-control or the deadening of the moral feelings than as the *cause* of the insanity, although it may be probable that the condition of the uterine system may have been an important agent in producing the mental alienation. Still until the control is impaired, or moral sensibility deadened, the manifestation of this unhappy condition does not occur.

6. *Occupation.*—In both classes of patients I find that the sedentary or in-door occupations supply a much larger number than do the out-of-door trades. As might have been expected, a larger proportion of those engaged in out-of-door occupations occurred amongst the pauper class.

Amongst the private patients the larger number of cases occurred in clerks. Next to these came those unfortunate individuals who are without any occupation. The former supply 14 cases, and the latter 10. Third in the list stand shopmen, at 9. Thus from these three "occupations" come 33 cases, equal to more than half of the private patients. Of the remaining 31, 22 followed in-door occupations; whilst 9 were engaged out of doors; of these, 3 were farmers, 2 sailors, 1 a soldier, 1 a surgeon, 1 a lighterman, and 1 a labourer—rather a vague name for the occupation of a private patient.

The occupations of the pauper patients correspond to a great extent, the chief point for remark being that 10 cases occur amongst labourers, 1 was a farmer, 2 were porters, 1 was a lighterman, and 1 a hawker; making 15 cases in which those affected followed out-of-door occupations. The remaining 40 are thus distributed: carpenters, 6; shoemakers, 6; smiths, 4; printers, 4; clerks, 2; shopmen, 2; weavers, 2; sailors, 2; domestic servants, 2; no occupation, 2; and in 2 instances the previous occupation was not ascertained. The trades of watch-maker, chemist, baker, wood carver, cigar-maker, and musician each supply one case.

The marked predominance of in-door occupations is significant, as indicating the propriety of recommending out-of-door occupation and exercise in conducting the preventive treatment in the early stages before the physical condition is destroyed. As regards shopmen, it might have been expected that those engaged in attending on females chiefly or altogether would have presented an excess of cases; but so far as I can ascertain, of the 11 who were engaged in shops, 4 only were employed in haberdashery establishments.

7. *Habitat.*—On inquiring into the previous residence of these patients, I find that the proportion from town and country in both ranks is nearly alike. Thus of the 64 private admissions, 12 were from country and 52 from towns; of the 55 paupers, 10 came from country and 45 from towns. A larger proportion of cases produced by solitary vice might on first consideration have been expected from the country districts, until it is remembered that there is no situation where a man can be more alone or lonely than in the bustle and business of the city. "*Magna civitas magna solitudo;* because in great towns friends are scattered, so that there is not that fellowship for the most part which is in less neighbourhoods," are the words of one of our most esteemed philosophers. So many young men are compelled by business avocations to reside in large towns away from their families or friends, who, unless they are fortunate in possessing a large or easily accessible acquaintance, are left in great measure to spend their unoccupied time according to their own resources, and are thus exposed, when the mind is ill-regulated, to the evils of solitude on the one hand, or to the temptations of the city on the other. Happy he who can pass the trial unscathed. For there seems every reason to hold that a moderate indulgence in social intercourse and the amusements of reputable society in which both sexes take a part, is antagonistic to the habit. Those who, on the other hand, live in the country are either residing with their friends, or, making acquaintances more readily, are enabled to spend their spare hours, if not in cheerful, at least in respectable, society; and are thus spared the feeling of being desolate and alone, which it is to be feared is but too often experienced by the country-bred youth when first he resides in the crowded city.

May it not be that the proportion of town and country cases is to be thus explained?

(To be continued.)

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—The next General Meeting of this Association will be held this evening (Saturday), at half-past seven o'clock, at 8, Richmond-terrace, Whitehall. Dr. Sanderson will introduce the following subject:—"On the best Means to be adopted and enforced for preventing the entrance of Sewer-Air into Houses, especially those inhabited by the Upper Classes."

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

ULCER OF THE STOMACH, WITH SLIGHT HÆMORRHAGE; DEATH FROM PERFORATION AND PERITONITIS.

(Under the care of the late Dr. ADDISON.)

THE history of ulcer of the stomach in typical cases, as pointed out by Dr. Brinton in his work on this important disease, is made up of a succession of symptoms, which run in the following order: disturbance of gastric digestion; at first mere uneasiness and epigastric pain, then nausea, and vomiting or regurgitation of food, or of a watery secretion, tasteless or acid. The disease is sometimes cut short by perforation and consequent fatal peritonitis. Failing this accident, the dyspeptic symptoms are next complicated by hæmorrhage from the stomach, varying in its suddenness and quantity. The anæmia produced by this symptom is generally associated with a cachexia which seems to be, Dr. Brinton observes, essentially independent of it, "being chiefly the result of the inanition necessarily implied by frequent vomiting of the food, or by large destruction of the gastric mucous membrane, and consequent impairment of its function."* In young females amenorrhœa is often present, associated with either of these two states of anæmia and cachexia.

In a variable period of time the supervention of all these symptoms conducts the disease to a climax, and it may terminate fatally by perforation, hæmorrhage, vomiting, or exhaustion, or by two or more of these in combination. In other cases the symptoms disappear and a recovery takes place, either by their subsidence in the reverse order of their occurrence or by careful medical treatment, "such as quite entitles us to dignify it by the name of a cure."

Each of the symptoms enumerated would require a special study and consideration that could not be devoted to it in this place; we will, however, take one of them—namely, *hæmorrhage*—and see how far the five cases we place upon record to-day illustrate its value as a positive sign. In four out of the five cases it was present as a symptom of more or less significance, and, taken with others, gastric ulcer was diagnosed without difficulty. In the fifth it was not made out, and death ensued from perforation. Had profuse or even moderate gastric hæmorrhage ever occurred it is probable that the patient would have mentioned it. We quite coincide in Dr. Brinton's view, that only scanty hæmorrhages occur in a large majority of cases in the earliest stages of ulceration, and that it is probable they are present in numberless instances in which no symptom reveals them. A small quantity of blood will not excite vomiting, but pass off by stool undetected. A larger hæmorrhage, from whatever source it arises, the result of ulceration, is usually quickly followed by vomiting. The quantity was large in the patients under Dr. Rees, Dr. Willshire, and Dr. O'Connor; and although there are other sources of hæmorrhage from the stomach besides ulceration, yet when taken with a certain set of symptoms the true nature of the case can be diagnosed. A few weeks back a case in point occurred at the Charing-cross Hospital. A man was admitted apparently dying; he was blanched, and after the administration of restoratives it was ascertained that he had vomited a large quantity of blood. This, taken with subsequent gastric symptoms, left no doubt of ulceration into some large arterial vessel, probably at the lesser curvature of the stomach.

* On the Pathology, Symptoms, and Treatment of Ulcer of the Stomach, p. 60.

We may here advert to the analysis of seventy-two cases of hæmatemesis, communicated to the Medico-Chirurgical Society in May last by Dr. Handfield Jones. The chief points of his paper were, that the existence of gastric ulceration is a matter of great uncertainty in a number of cases, and that dyspeptic symptoms are either absent or so slight as scarcely to distinguish them from those of gastric catarrh, gastralgia, or gastric debility.

Admitting this, we think the presumption is strongly in favour of a lesion of some kind in the membranes of the stomach, and one that would eventually lead to distinct ulceration if not arrested in time by treatment. The sources of gastric hæmorrhage are various; but there is no doubt that ulceration is the most frequent and the most dangerous.

The notes of the following case were taken by Mr. A. W. F. Evans, clinical clerk:—

William M——, aged twenty-nine, policeman, admitted 28th October, 1859. His history is as follows:—He had only been in the force five or six weeks on night duty, when he was seized with pain at and a little below the scrobiculus cordia, with occasional vomiting about an hour after taking food. The pain is also felt at the right shoulder, and a little blood was seen in the vomited matter. No sarcinæ have been detected with the microscope. His bowels are much constipated, and have been so ever since his illness. He is a tall, thin, sallow-looking man, so much so as to excite suspicion of phthisis, and on examination at the right apex, slight dulness and increased expiratory murmur were detected, but not sufficient to account for his wasting and general debility. He states that he had a similar attack three years ago, from which, however, he recovered after an illness of three months. Since then he has had very good health, but with occasional pain in the epigastrium. His tongue is large, white, and soapy to the touch; pulse 88. Ordered a mixture containing three minims of dilute hydrocyanic acid three times a day, and an enema of castor oil at night.

Oct. 30th.—Sickness still continues; no blood in stools.

Nov. 2nd.—Ordered four grains of trisnitrate of bismuth thrice a day in mucilage.

4th.—As his bowels were much constipated, he was ordered an enema of castor oil, which acted effectually, without the appearance of any blood, probably due to the sulphuret of bismuth. To have beef-tea, milk, and lime-water, and two ounces of wine.

13th.—Has not been sick for some time, but pain still continues; bowels never open unless by purgatives.

16th.—Complains of great pain and tenderness over the abdomen. Not purged last night or this morning. Ordered one grain of opium every six hours, with brandy, &c.—Three P.M.: Still the same great prostration.

17th.—Pain and tenderness still continue; has lost his voice; evidently sinking. Died at night.

Autopsy, twenty-four hours after death.—Body much wasted. Universal recent peritonitis was present, gluing all the intestines together. Old adhesions bound the posterior and superior part of the stomach to the surrounding structures. On opening the stomach, a large chronic ulcer was found at the lesser curvature, and at one spot the ulcer had gone down to the peritoneum, and so caused the peritonitis; or there had been perforation, but closed by a thin layer of lymph. The lungs and heart were healthy.

ULCER OF THE STOMACH, WITH OCCASIONAL ATTACKS OF PROFUSE HÆMORRHAGE AND SEVERE PAIN; RELIEF BY TREATMENT.

(Under the care of Dr. OWEN REES.)

THE notes of this case were taken by Mr. John H. Gatton, clinical clerk.

Teedon B——, aged fifty, shoemaker, formerly an actor, admitted Nov. 21st, 1859, under Dr. Rees. He has never been a healthy-looking man, but states that his general health has been good. He formerly drank very freely, chiefly rum. He fancies that the pressure of the last on the pit of the stomach has something to do with his illness. Had no illness till three years ago, when he fell about eighteen feet while acting at the Victoria Theatre, fracturing his left forearm and injuring his neck. Twelve months after the fall he began to feel pain in the stomach, accompanied with giddiness. This continued for three or four weeks, and he then vomited about half a pint of blood, of a bright colour, but unattended with cough or dyspnœa. He was under treatment and recovered, the pain at the scrobiculus cordis being relieved by the attack. For six months he remained well, when about eighteen months ago, being "greatly upset by family affairs," the pain returned, accompanied by giddiness. This continued for six months, and twelve months ago an increase in the pain was followed by faintness and vomiting of five pints of blood, partly in clots, and both dark and bright in colour. He noticed after this attack that his motions were black. He was laid up for a month, and since then has continually suffered from pain.

On admission, he complains of constant "burning and aching" pain at the scrobiculus cordis and left hypochondrium. This pain commences at the latter spot and gradually works round to the former. It is increased after taking food, when he has a sensation of fulness and constriction at this part, and is at times much troubled by flatulent distension of the stomach. This pain reaches its height about half an hour after the food is swallowed. It sometimes ceases for two or three hours. He has pyrosis occasionally. Pulse 88. Pressure causes pain in the epigastrium, and the rectus muscle at that part firmly contracts, preventing any very satisfactory result. Chest healthy; tongue furred, moist, flabby, and deeply indented at the edges; bowels regular, and the motions natural; urine healthy.

Nov. 21st.—Ordered an enema, a blister to the pit of the stomach, arrowroot, and beef-tea.

22nd.—Pain much relieved. Ordered fish diet.

24th.—Only had pain for a quarter of an hour after breakfast this morning.

25th.—Much purged by aperient medicine; ordered to omit it.

26th.—Still improving, but states that the pain recurred last night, and was very severe.

27th.—Left the hospital without asking permission.

ST. GEORGE'S HOSPITAL.

ULCER OF THE STOMACH, UNSUSPECTED DURING LIFE; ABSENCE OF HÆMATEMESIS; DEATH FROM PERFORATION.

(Under the care of Dr. FULLER.)

IT is most probable that the severe pain experienced a week before admission by the subject of the subjoined case arose from perforation of the stomach, which was followed by effusion of blood in the peritoneum. This, in the course of a few days, had become encysted and decomposed, as the details of the necropsy would lead us to believe. There can be no doubt, also, that this patient had been the subject of a gastric ulcer for some months, possibly longer; and he may have had gastric hæmorrhage at one time, but unnoticed if passing off by the bowels.

For the notes of the case we are indebted to Dr. W. H. Dickinson, medical registrar to the hospital.

Francis B——, aged sixty-one, admitted on the 17th of December, 1860, under the care of Dr. Fuller. He had been ailing for a year. For the last five or six weeks he had suffered a good deal of pain, which he referred in general terms to the abdomen, but he was nevertheless able to follow his occupation, that of drawing a truck as porter, until a week before his admission. He was then suddenly seized with severe pain over the bowels, followed by cold and shivering. The bowels remained confined until his admission, when he was cold, and his face and lips blue. He had now severe pain all over the abdomen. Hot applications were resorted to, and turpentine applied to the belly, and he seemed greatly benefited. He had a pill every four hours, containing three grains of calomel and half a grain of opium, and an ammoniacal draught was prescribed. The bowels acted freely after an enema, the motions being fluid, as in fever.

Dec. 18th.—The pain in the belly has become less severe; the surface is tympanitic and very tender. He has no appetite. The tongue became dry and brown on the 19th, and the pulse feeble (104). Stimulants were freely given, and he at first seemed to rally, but the prostration afterwards increased, and he quietly expired on the 21st.

Post-mortem examination, twenty hours afterwards.—There were old pleural adhesions on the right side. The lungs were healthy. The heart was also healthy, and contained large white clots in the cavities and arteries of both sides. The abdomen was tympanitic. The cavity of the peritoneum contained a horribly offensive grumous fluid, especially on the left side, and in front of the left lobe of the liver, where this fluid appeared to have been encysted by peritoneal adhesions, which had afterwards given way. The pelvic portion of the peritoneum formed a separate cyst, containing lymph and pus.

There was a considerable quantity of recent lymph smeared over the surface of the small intestines, gluing them loosely together. The liver was adherent by old adhesions to the diaphragm. The stomach was loosely adherent to the large intestine; and on its anterior surface, near the small curvature, was an extensive opening, which would admit the finger. On examination internally, a large ulcer, with thick, callous edges, about the size of a half-crown, was seen in the mucous membrane. The rent in the peritoneum looked quite sharp, as if made suddenly. The kidneys were healthy in structure, excepting that the left contained a rather large cyst. The pelvis of the right kidney, and the ureter on that side, were much enlarged. The "third lobe" of the prostate was found to project somewhat into the bladder, which was fasciculated.

CHARING-CROSS HOSPITAL.

ULCER OF THE STOMACH, WITH HÆMORRHAGE AND PAIN; RELIEF FROM TREATMENT.

(Under the care of Dr. WILLSHIRE.)

THE patient, in the present instance, enjoyed good health till within the last two years; but the symptoms of gastric ulceration did not show themselves until quite recently, when she vomited fluid resembling coffee-grounds. The pain after taking food was increased when she was sitting up and leaning forward, and was described as "tearing" across to the spine beneath the left shoulder-blade.

The treatment chiefly consisted of the recumbent posture, milk-and-egg diet in small quantities at a time, and bismuth, morphia, oxide of silver, and prussic acid internally.

The brief notes of the case were furnished by Mr. J. Belcher, late clinical clerk:—

Georgina H——, aged thirty-seven, a cook, had enjoyed good health till within the last two years, during which time she has been troubled occasionally with pain in the region of the spleen, and depressed spirits. Felt ill all day on Sunday, May 27th, 1860, and did not take any food. In the evening she had cold shivers, followed by violent retching and vomiting of about a pint of fluid like "coffee-grounds," since which she has had great pain at the epigastrium and sickness after every meal, and twice the vomit has contained some of this dark-coloured fluid. She was admitted for treatment on June 5th, at which time her countenance expressed great anxiety. She states that the pain is worse if she attempts to lie on the left side, or lifts anything. Bowels regular; heart sounds natural, though she says she has great difficulty of breathing on going up stairs, and has been subject lately to palpitation. Respiration does not affect the pain, but it is augmented on pressure.

The treatment was as follows, besides attention to the bowels:—Blister to the pit of the stomach on June 5th; and next day a mixture of morphia, gallic acid, and mucilage thrice a day.

June 16th.—She was ordered muriated tincture of iron and tincture of opium.

17th.—Stomach again blistered, and the surface sprinkled with morphine.

July 9th.—A pill of oxide of silver, and a mixture of the hyposulphite of soda, dilute hydrocyanic acid, and infusion of calumba, were ordered three times a day. This was changed to bismuth and opium on the 7th of August.

Aug. 23rd.—She had a relapse.

She had not menstruated for two months before admission, but has had a show for a day every other week since her stay in hospital.

Sept. 11th.—Discharged from hospital much relieved.

ROYAL FREE HOSPITAL.

ULCER OF THE STOMACH, WITH MOST PROFUSE HÆMORRHAGE, AND EXTREME PROSTRATION; RECOVERY.

(Under the care of Dr. O'CONNOR.)

THE following is an example of excessive hæmorrhage from a gastric ulcer, with symptoms which at one time simulated an aneurism. After the vomiting was arrested, and the hæmorrhage had ceased, the chief remedial agent was the citrate of strychnia and iron. Under this treatment a recovery ensued, which there is every reason to believe has ended in a cure.

Mary A. W——, twenty-six years of age, engaged as general servant for some years, was admitted on Jan. 23rd, 1859. On the night previous she was attacked with vomiting of blood, which continued in quantities up to the time of her admission to the hospital at two P.M. She appeared to be in a state of collapse; the pulse at the wrist was scarcely perceptible, and the action of the heart was exceedingly feeble; the lips and tongue were blanched; the face had a similar appearance; the extremities were cold, and the finger- and toe-nails had a leaden hue. She was unable to speak, so extreme was the exhaustion, and it was impossible to obtain from her any account of her previous state; but she appeared to be in great agony, and every now and then placed her hand on the epigastrium, as if to convey some information regarding her condition. The first object was to arrest the vomiting of blood, and to sustain the powers of life. With this view she was immediately placed in a perfectly recumbent position in bed; a turpentine fomentation applied to the epigastrium; sinapisms to the calves of the legs and feet, and a draught, composed of three grains of acetate of lead, one drachm of distilled vinegar, a twelfth of a grain of acetate of morphia, and one ounce of distilled water, was ordered to be given every four hours. The only drink allowed to be taken was iced water, to which there was added every half hour two teaspoonfuls of brandy. A small piece of ice was from time to time put into the mouth, and allowed to dissolve there. This treatment was steadily persevered in for some hours; before six o'clock the vomiting of blood was considerably arrested, and at three o'clock in the morning it appeared to have ceased altogether. The extremities and body became warmer; the action of the heart was more distinct, and the pulse was more perceptible at the wrist. Still her prostration was very great; she could not articulate distinctly, and she had a strong feeling of nausea, and occasional desire to vomit. At this time it was discovered that blood had been passed from the bowels since her admission to the hospital. As there was no blood thrown up for nearly an hour, the quantity of lead was reduced to two grains for a dose, and it was given every five hours.

June 24th.—Spent a pretty quiet night; but about five o'clock more than half a pint of blood was thrown up, and some was passed from the bowels, which was very dark, and of nearly the consistence of hard fæces. On examination, it proved to be blood only. The treatment was persevered in, and a general improvement was evident.

25th.—In the night a small quantity of blood was vomited and again this morning, but no blood passed from the bowels. The feeling of nausea still existed, but not to such an extent as yesterday, and a greater degree of warmth was present over the surface of the body. There was great tenderness of the epigastrium; and the patient, who could now speak, but in a very feeble voice, complained of acute pain and throbbing about two inches above the umbilicus. On examination there was an evident swelling of the part, and the impulse of the abdominal aorta was so great as to be perceptible to the eye. As, however, the pain and tenderness were less than before the patient's admission to the hospital, it was considered by Dr. O'Connor better not to disturb her by any lengthened examination. The same remedies were ordered to be persevered in, and boiled arrowroot and milk, cool, were allowed her.

26th.—There was a marked improvement to-day, and for the first time the patient could give an account of her previous state. She had for years been employed as a general servant, and compelled to work hard on account of having to provide for the support of her child. Her meals were taken at very irregular times, and then hurriedly; this she believes to have been the origin of "bilious attacks," which she has been subject to for a long time. Her leading symptoms were headache and frequent nausea, particularly after meals, followed by severe "pain in the chest" and between the shoulders. At times she was attacked with severe fits of heart-burn and flatulence, with distension of the abdomen. Latterly these symptoms became worse, and the nausea was more frequent; there was great fulness of the chest, and the pain between the shoulder-blades was at times so severe that she could hardly endure it. She also had constant pain in the loins. Her menstrual discharge had lately been irregular and scanty, but she had profuse leucorrhœa up to the time of her admission. Occasionally blood was passed from the bowels, and when that occurred she suffered great pain in the epigastrium. On the night before her admission, whilst carrying a heavy tray, she felt sick, and threw up nearly a pint of black blood: this was about eight o'clock. When getting into bed, at eleven o'clock, she vomited

more than a pint and a half, and passed some from her bowels. During the night, and until her admission into the hospital, the vomiting continued almost without ceasing.

The diagnosis was readily made out to be ulceration of the stomach.

To-day there was an evidence of progressive improvement, though still a disposition to vomit, and a little blood was passed by stool. The lead was discontinued, and in its stead five grains of gallic acid, ten minims of dilute sulphuric acid, with one ounce of infusion of calumba, were ordered every six hours. To continue the iced brandy-and-water, and also the arrowroot and milk. The tumour in the abdomen continued the same, and was very painful to the touch.

Feb. 1st.—For some days there was no appearance of blood, but the pain in the epigastric region was very severe, and a sense of fulness was felt in the right hypochondrium; the bowels were confined, and there was great thirst. Two grains of blue pill with half a grain of extract of belladonna were ordered to be taken three times a day, and a pint of cold water to be administered as an injection.

2nd.—The bowels were twice freely relieved in the night; the evacuations were dark and slightly tinged with blood. The pills to be continued; to have calf's foot jelly and cool beef-tea in addition to the arrowroot and milk; the gallic acid to be continued as well as the pills.

This treatment was persisted in, with benefit, until Feb. 9th, when, the fulness in the right hypochondrium having disappeared, and the gums being slightly affected, the pills were discontinued. The patient expressed a desire for more substantial food, and a stewed mutton-chop was then allowed her. In a short time, however, after eating it a return of the vomiting of blood took place, when more than a pint was thrown up. The administration of a few doses of lead in the same proportion as before prevented its continuance. A total abstinence from solid food was now enjoined, and the treatment in every other respect was persevered in until March 1st, when the gallic acid was discontinued, there not having been any appearance of blood since the 26th of February; there was, however, great tenderness of the epigastrium, and the tumour above the umbilicus assumed the appearance of an aneurism. Doubts were entertained as to its nature. There was perceptible at times a distinct bruit; the impulse was great; it was perfectly circumscribed, painful to the touch, and the slightest pressure caused a feeling of nausea and fainting. A draught composed of five grains of citrate of quinine and iron with infusion of quassia and cinnamon was ordered three times a day, and a pill composed of half a grain of extract of belladonna and the same proportion of extract of nux vomica to be taken at the same time. For a time these remedies were beneficial, but the tenderness of the epigastrium and the pain between the shoulder-blades increasing, and there being great prostration with loss of appetite, on March 12th one drachm of the solution of citrate of strychnia and iron, as prepared by Bastick, half an ounce of infusion of calumba, with half an ounce of cinnamon water, were ordered to be taken three times a day; the nourishment the same as before, with the addition of half a pint of pale ale daily. Under this treatment the patient rapidly improved. On the 20th March she was able to walk about. The pains had nearly ceased, and the tumour was now nearly gone; the lips and cheeks had acquired a rosy complexion; the appetite became good; she could take roast mutton or beef, under-done, without any pains or uneasiness following, and on the 8th of April she was discharged cured, quite plump and fat.

On the 21st of September she was again admitted, under the care of Dr. O'Connor, for a fresh attack. On this occasion there was no abdominal tumour. The vomiting of blood was in a day or two completely controlled, and the citrate of strychnia and iron was administered as before, with the same result, and she was discharged cured on the 12th of Oct. 1859.

She has been this year an out-patient for an attack of bronchitis; but has not had any return of her former illness, and she states that she can now eat any food without pain or inconvenience.

MONSTROSITY.—Baron Larrey lately brought a boy to a meeting of the Academy of Medicine of Paris, to show a very remarkable deviation from the normal human structure. The right thigh is in some degree bifid, being composed of two parts, the normal limb and a rudimentary supernumerary one. The latter consists of three distinct portions—thigh, leg, and foot. This foot has six toes, and the trace of a seventh. The foot connected with the normal lower limb, on the right side, forms a kind of talipes equinus.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

DR. COPLAND, PRESIDENT.

TUESDAY, FEB. 5TH, 1861.

THE minutes of the last meeting were read and confirmed. New members were proposed.

A report on Dr. Schulhoff's case of Cancer of the Rectum was read.

A further report on Mr. Lawrence's case of Bony Deposit in the Eye was also read.

A report on Dr. Broadbent's case of Tumours of the Skin, Peritoneum, &c., was read by Dr. Bristowe.

Mr. MARGETSON presented a specimen of

STRICTURE OF THE COLON,

in which there had been no evacuation for thirty days before death. The patient was a lady, sixty-three years of age. There were vomiting and pain at first, but no sign of tumour. Active remedies of all kinds were employed, but with no effect. Food and drink were administered, and digested subsequently, the patient maintaining her strength, and ceasing to vomit some time before death. At the post-mortem examination there was enormous distension of the colon; and at about two or three inches above the sigmoid flexure there was a tight stricture, fibrinous, of simple character, and very close, entirely occluding the bowel.

Mr. WELLS inquired whether any attempt had been made to open the bowel above the seat of stricture.

Mr. ASHTON had seen many cases of stricture low down in the great intestine without fæcal, or indeed any considerable, vomiting.

Dr. GIBB adduced a similar case.

CANCER OF THE CARDIA AND ŒSOPHAGUS.

Dr. LEARED showed an example from a man, aged fifty-six. The symptoms at first were by no means marked. On examining the egesta on one occasion, Dr. Leared found well-marked cancer-cells. It was an occasion when no food was vomited, only mucus and other fluid, so that there was nothing to obscure the histological elements present.

CALCULI FROM THE BLADDER.

Dr. LEARED exhibited a number of small calculi which came away from an elderly patient without producing any symptoms. They were perfectly spherical, and from the size of a pin's head up to that of a small pea.

OVARIAN TUMOURS, ASSOCIATED WITH A CONDITION OF PERITONEUM SIMULATING COLLOID CANCER.

Dr. BRISTOWE exhibited a specimen of ovarian tumour which had been removed, after death, from a married woman, the mother of seven children. The interest of the case was a pathological one, and therefore it will suffice to say that she died shortly after the operation of tapping, at which two or three ounces only of thick jelly-like material had escaped. The abdominal cavity was found to contain several quarts of thick gelatinous matter, in the form of separate masses, floating in a little glairy fluid. The viscera were adherent to one another by old adhesions, and the free portion of peritoneum was covered by the same kind of material. But all this adventitious fibroid tissue was infiltrated with gelatinous material, so as to have at first sight the appearance of colloid cancer. Both ovaries were converted into tumours, the one about the size of a duck's egg, the other larger than an orange. The tumours consisted of extremely thin-walled cysts, most of which had ruptured, and had poured and were still pouring out their jelly-like contents into the abdominal cavity. The remarkable points in the case were—1st, the general tendency of the ovarian cysts to secrete into the peritoneal cavity; and 2nd, the curious resemblance to colloid cancer produced by the infiltration of old adhesions with the gelatinous produce of the diseased ovaries.

Dr. DICKENSON referred to his own case of colloid cancer exhibited by himself at a previous meeting, and desired to have it submitted to a committee, which was agreed to.

OVARIAN TUMOURS.

Mr. S. WELLS showed a case, removed from a woman fifty-three years of age, another from a woman forty-one years of age, and one from a woman thirty-six years of age, last summer.

These were successful cases. He had shown altogether twenty-one cases at the Society, of which seven were deaths.

Dr. COPLAND thought the surgical treatment of ovarian disease had been improved of late years. He had, nevertheless, seen very elderly patients who had sustained ovarian disease successfully for very many years.

Dr. SCHULHOFF was satisfied that many cases might be treated during very long periods without any recourse to the knife.

Dr. GIBB said the operations were not so successful in hospitals as in private practice generally.

Mr. WELLS did not advocate the let-alone treatment, which answered in very few cases; most died in two or three years, unless a cure was effected.

STRICTURE OF THE URETHRA.

Mr. H. THOMPSON presented the bladder and urethra from a case of old stricture, which he had treated by internal incision nearly two years and a half ago. The patient had just died, at fifty-three years of age, from a cirrhosed liver. Mr. Thompson first saw him in 1856, at the Marylebone Infirmary, for a stricture of above twenty years' standing, which had been treated frequently at metropolitan hospitals and elsewhere. During two or three months he was now subjected to dilatation, with good effect, No. 10 passing; but the case had been extremely obstinate. In 1857 he returned to the infirmary as bad as ever, and was again relieved by a long and tedious course of dilatation. In 1858 the same condition recurred, and the same treatment was commenced, but it was less successful this time. As the symptoms were very severe and the stricture was very resisting, Mr. Thompson divided it by a single incision from behind forwards. This took place in September, 1858, at University College Hospital. Scarcely any blood was seen; there was no pain worth naming; No. 11 catheter was passed into the bladder directly afterwards; and not a single unpleasant symptom followed. He was discharged in one week from the date of the operation, passing No. 10 catheter for himself. Ever since, the patient has passed an instrument for himself, and never less than No. 9; and he had no symptoms worth complaining of from the stricture subsequently. Latterly, he had shown signs of organic disease of the liver and kidneys; had some ascites; and died after a week's confinement to bed in the beginning of last month.

Post-mortem examination.—Morbid cirrhosis of the liver and degeneration of both kidneys. Bladder large and somewhat fasciculated. The remains of the stricture were visible in the posterior part of the bulbous portion of the urethra, as white bands of fibre interlacing around and beneath the mucous membrane. A very fine line was discovered dividing these pretty equally in the longitudinal axis of the urethra; this was evidently that of the incision made two and a half years ago. There was no puckering, no trace of cicatrix, and, so far from there being any undue narrowing as the result, a No. 9 sound passed with ease through the whole urethra before it was laid open for the purpose of examination.

Dr. BROADBENT exhibited a specimen of

HÆMORRHAGE INTO THE PONS VAROLII,

from a patient aged seventy six years. He was brought into St. Mary's Hospital in an apparently unconscious state. The left side of the face was slightly paralysed, and also the right side of the body. He regained some power in the extremities, but gradually sank after a few days; and at death a very small clot was found in the right side of the pons Varolii only. No other part of the brain was affected.

HÆMORRHAGE INTO THE SUBSTANCE OF THE BRAIN.

Dr. BROADBENT showed the brain from a young woman aged twenty-four years. After great emotional excitement, occurring two days before, she was found to be delirious and violent; three days later, she was brought into St. Mary's Hospital with low delirium. No paraplegia. Subsequently, the mouth only was slightly drawn. She soon died, and a large clot was found in the left hemisphere, not touching the corpus striatum or thalamus opticus. No signs of disease in the vessels. He believed it was due solely to the excitement referred to.

Mr. MARGETSON alluded to a case which he regarded as illustrating the cases brought forward by Dr. Broadbent.

Several members took part in a discussion on this specimen.

ACCESSORY PANCREAS.

Dr. MONTGOMERY showed two specimens of small organs, accessory to the pancreas, as proved by microscopic examination of the structure, in addition to the naked-eye resemblance. In each case, the little accessory organ was situated in the walls of the intestine.

Dr. WEBER exhibited an

INTESTINE IN TYPHOID FEVER, AND ABSCESS IN THE PANCREAS.

The patient was a lad aged nineteen years. The attack was remarkably mild, but relapsed two or three times during fifteen weeks; at the end of that time, rigors and other severe symptoms came on. At the post-mortem examination, serum was found in the peritoneal cavity, an abscess in the pancreas, and several ulcers of the intestine, some open, and some cicatrizing near the ileo-cæcal valve. Query, were there different ulcer-formations corresponding to the different relapses, or was there only one formation? Dr. Weber inclined to the latter opinion, from the anatomical appearances. The abscess he believed to be pyæmic in its origin. There was an abscess, also, in the parotid: was this related to the previous one, or was it merely coincident?

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEB. 6TH, 1861.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

A LETTER from the executors of the late Dr. Rigby was read, in which it was stated that Dr. Rigby had left directions that his books on Midwifery and the Diseases of Women and Children should be given to the Obstetrical Society. In compliance with these instructions, the executors had forwarded the books in question—upwards of 220 in number—to the charge of the Honorary Secretaries. A list of these (which included the manuscript notes of lectures attended by the two Rigbys—father and son) was handed round for inspection by the Fellows.

It was moved by Dr. R. UVEDALE WEST, seconded by Dr. ROUTH, and carried unanimously,—"That the valuable collection of books on Midwifery and the Diseases of Women and Children, left to the Society by their late President, Dr. Edward Rigby, be made the nucleus of a library, to be called 'The Rigby Library,' and their sense of the value of the benefaction be duly recorded by the Council."

A ballot took place for the eight gentlemen proposed at the last meeting, all of whom were duly elected Fellows of the Society.

The following gentlemen were proposed for election:—Geo. Thompson Gream, M.D.; A. A. F. Rasch, M.D.; Fred. Pearse, Esq.; Ed. S. Haviland, M.D.; J. Jas. Tweed, Esq., jun.; Thomas E. Edwards, Esq.; Samuel G. Sloman, Esq.; W. D. Slyman, Esq.; W. Holman Kerbey, Esq.; John Tanner, Esq.; and Richard Turner, Esq.

A CASE OF EPILEPTIFORM CONVULSIONS IN THE THIRD WEEK OF THE PUERPERAL STATE.

BY R. UVEDALE WEST, M.D.

In this case, after some premonitory symptoms of headache, stomach and intestinal derangement, a lying in woman was attacked, towards the end of the second week, with frequent fits of epileptiform convulsions, which persisted throughout the third week. There was slight albuminuria, and the fits themselves were followed by a condition of hemiplegia more or less persistent, with other alarming symptoms. The patient recovered under the use of remedies directed, in the first instance, to the relief of the gastric and intestinal irritation, which was looked upon as the chief exciting cause of the symptoms observed, and, towards the decline of the disease, to the removal of the anæmic and debilitated condition in which the patient was left. The author concluded with the remark, that this case, in which the patient recovered perfectly, and in which, therefore, there could not have been any cerebral mischief, notwithstanding the formidable appearance of the symptoms, shows how little we can rely on symptoms alone in forming a diagnosis in cerebral affections, especially when the case is compared with one, a report of which, by the author, was read before the Society last October, in which latter case, with less formidable symptoms, the patient died in a few hours, and serous effusion in the brain, with other cerebral disease, were found on a post-mortem examination.

A CASE OF PUERPERAL FEVER COMPLICATED WITH DIPHTHERIA, IN WHICH LIFE WAS SAVED BY THE TINCTURE OF SESQUICHLORIDE OF IRON.

BY ROBERT DRUITT, M.R.C.P., ETC.

A healthy woman, aged forty-two, was attacked on the 7th

July, after labour, with shivering and violent pain in the left leg. The pain soon left the leg, and seized the left side below the mamma. There were extreme restlessness, heat of skin, and prostration. On the third day of the illness, violent fœtid diarrhœa was established. On the ninth day, the diarrhœa had continued incessantly; the motions, thin, reddish, and offensive, passed involuntarily; the patient drowsy, wandering, and picking the bedclothes; when there came on great constriction in the throat, difficulty of swallowing, and copious salivation, together with a diphtheritic exudation at the back of the fauces. The most lavish administration of port wine, brandy, beef-tea, opiates, and quinine had failed to stay the progress of the malady, and the patient was evidently sinking, when, at the suggestion of Dr. Frere, who was called in consultation, the tincture of sesquichloride of iron was given. The effect was decided and unmistakable. The contents of the alimentary canal were deodorized, and the diarrhœa ceased within twenty-four hours; and, spite of difficulty of swallowing and the throat complication, the patient rapidly became convalescent. The diphtheritic exudation extended over the posterior half of the soft palate. The upper lobe of the left lung was left consolidated; but in the twelvemonth which has since elapsed it has entirely recovered its normal condition. The quantity in which the tincture of steel was administered deserves notice. Three fluid ounces of the tincture were swallowed in five days, besides an ounce wasted in lavements. During the first day that it was given, the patient took two fluid drachms every two hours. It is evident that these doses did good, and it is probable that smaller ones might have failed.

OVARIOTOMY; WITH CASES, AND REMARKS ON THE DIFFERENT STEPS OF THE OPERATION AND CAUSES OF ITS MORTALITY.

BY W. TYLER SMITH, M.D., F.R.C.P., ETC.

The paper commenced by a reference to the proposal of ovariotomy by William and John Hunter, and its first performance by Dr. McDowell, an American physician, in 1809. The author maintained the operation to be justifiable on the ground of the favourable comparison which could be made between its mortality and that of some other recognised capital operations, such as amputation of the thigh, ligature of the subclavian, and adult lithotomy; and also between the extirpation of the ovary, and simple tapping, or tapping with the injection of iodine. It was shown that of 130 cases of simple tapping, 69 were dead at the end of one year, and 114 were known to have eventually died of the disease. Of 130 cases of iodine injection after tapping, 66 died or refilled, and 64 were said to have been cured; but in these cases the nidus of the disease remained, and it might at any time recur. Of 395 cases of completed ovariotomy, 212 recovered, and 183 died; showing that, notwithstanding the acknowledged dangers of the operation, the results were more favourable than after tapping or injection. The author then proceeded to a detail of his own cases.

CASE 1. *Monocystic dropsy of the left ovary.*—The tumour was very large. This patient, fifty years of age, was operated upon on the 15th of October, 1860, and that day four weeks she was well enough to travel to Boston in Lincolnshire. She remains in good health.

CASE 2. *Polycystic disease of the left ovary.*—The operation was performed Nov. 15th, 1860. She had been previously tapped and treated by pressure. There were extensive adhesions. This patient was threatened with peritonitis, but in three weeks she was convalescent.

CASE 3. *Monocystic disease of the left ovary.*—The patient was operated on Dec. 7th, 1860. There were no adhesions. The tumour was of moderate size. The patient went on well, and was convalescent at the end of a fortnight.

CASE 4. *Polycystic disease of the left ovary, of the colloid type.*—The tumour was of large size, and combined with ascites. Operation January 4th, 1861. Four months before, the patient had been delivered of a child at the full term. There were extensive adhesions. In this case the recovery was slow, but she sat up about three weeks after the operation, and is going on very favourably.

The operations were performed by the short incision, the cysts being tapped and brought through the wound. The ligature was allowed to fall into the pelvis. A very moderate amount of opium was given, and stimulants were administered on the third or fourth day, in the absence of inflammatory symptoms. Great care was taken to guard the patients against any miasmatic or contagious influence. The author preferred the ligature to the clamp, on account of the straining caused by the latter in the event of vomiting or tympanitis. As far as statistics are known, the proportion of recoveries is greater when the clamp is not used. The only objection to the ligature is the length of time before it comes away. The following remarks on the causes of mortality, and the means of diminishing it, concluded the paper:—

"Nearly 17 per cent. of the fatal cases have occurred from shock or collapse. This source of mortality should be met by resorting to the operation before the patient has reached a state of exhaustion. It is not in many cases decided on till the patient is in such a state of weakness as to be unable to bear this or any other operation. Except in cases of extensive adhesion, there is nothing necessarily belonging to the operation which should produce dangerous shock. This source of danger will be diminished when the operation becomes generally recognised as an established and necessary proceeding in suitable cases. Improvements in diagnosis will doubtless lessen the number of cases in which the abdomen is opened without finding ovarian tumours. Earlier operation would also lessen the number of cases in which adhesions occur.

"Exactly 16 per cent. have died from hæmorrhage. All or nearly all of these may be prevented by care in tying the pedicle, and in securing hæmorrhage from the separation of adhesions. The ligature should never be left until we are quite sure that all bleeding has ceased. One source of the bleeding has been the use of the ligature without transfixing the pedicle. There is a notable increase of mortality where the pedicle is tied in one mass, as compared with transfixion and tying in two or more portions.

"Peritonitis is by far the most fatal complication which can occur. Not less than 43 per cent. of the fatal cases have died in this way. Looking to the histories of the cases thus lost, it can, I believe, be shown that peritonitis does not depend so much on anything inherent in the operation itself, as upon miasmatic or contagious influences. This seems proved by the great mortality after the operation in hospitals as compared with private practice. It is difficult to get a successful result in a large hospital, yet the operations are nowhere more skilfully performed, nor the after-treatment better. Peritonitis following ovariotomy is evidently in the majority of cases not simple inflammatory peritonitis, but a disease closely resembling puerperal fever, and like it commonly due to some external poison. This is the only way in which the excessive mortality after the operation in hospitals in this country and on the continent can be explained. The ovariotomy patient is as susceptible as the puerperal woman, or even more so. Such cases cannot safely be collected together or mixed with other patients; and in the long-run, I believe the results cannot be as favourable either in general or special hospitals as under other circumstances. In the operations detailed every possible care was taken that they should be performed under good sanitary conditions; that as few persons saw the patients or were present at the operations as could well be; and that nothing came near them in the shape of contagion or infection. Each patient was treated, in fact, as we should treat and guard a lying-in woman, and to this, more than to anything else, I attribute their success. By care of this kind we may probably diminish this the greatest source of mortality to a considerable extent. The three causes which have been dwelt upon—namely, shock, hæmorrhage, and peritonitis—represent upwards of 75 per cent. of the total deaths after ovariotomy."

Mr. BAKER BROWN congratulated the author on his great success, and also on his having become a convert to ovariotomy, and hoped that many other hospital physicians and surgeons, who had hitherto opposed the operation, would follow his example. He (Mr. Brown) observed that the author had only mentioned two plans of treatment—namely, tapping simply, and tapping with injection of iodine. Besides that of complete extirpation, there was, however, another which he (Mr. Brown) had for many years advocated, and which had received the sanction of many members of the profession—namely, tapping and pressure. This mode of treatment was only applicable to monocystic forms of the disease. He could mention many cases of several years' standing, which had been cured by this treatment. In one particularly, where the lady afterwards married, and has since been delivered by him of four healthy children. In the last year he cured three patients in the London Surgical Home, and there was another, apparently cured, still under observation. He thought that the author had not fairly stated the advantages of tapping with injection of iodine, which in unilocular cysts has been often used with advantage. He had himself reported some cases of cure, as also did Mr. Spencer Wells about two years ago. As regards the administration of opium after the operation, he (Mr. Brown) had, as the author observed, been in the habit of giving opium in all cases, as had also been done by Dr. Clay, of Manchester; but

latterly he (Mr. Brown) had been guided in this matter by the pain, proportioning the amount of opium to the severity of the pain, which he regarded as a physiological evil to be removed if possible. He generally gave it by the rectum, as in many cases it does not cause the same amount of sickness as if given by the mouth. He then alluded to the length of time the ligatures had remained in the abdomen: in one case seven, in another eleven weeks. He thought that this must have arisen from one of two causes: either that they were not tied tight enough, or that too much of the peduncle had been taken up by each ligature. The average time in his experience, and in that of Mr. Lane, had been from nine to ten days. He (Mr. Brown) could not agree with the author in his exclusive use of the ligature, allowing the peduncle to drop into the abdomen. The practice that he adopted was, to use the ligature where the peduncle was very short, and could not be kept outside the opening without dragging too much upon the uterus; on the contrary, where the peduncle was long enough, he preferred securing it by clamp or otherwise on the outside, as the wound healed quicker, and the patient was sooner convalescent. The objection to the weight of the clamp was obviated by using a pair of common carpenter's calipers. These could generally be removed on the second or third day. In two cases lately, in which he had operated successfully in the London Surgical Home, he had removed them on the third day. In reference to the sutures, he thought that when the author had tried the silver wire sutures, he would find them far better than the silk; they were more readily applied, and three or four deep ones were sufficient without the interrupted sutures. He thought that the success of the author was due in a great measure to the fact that none of his cases had been tapped, except one, and that only once, as he believed that the best cases for operation were those which had not existed long, and in which the abdomen had not been disturbed by repeated tappings, and the constitution drained by the constant refilling of the cyst. He thought that the paper of the author would do much good towards a fairer trial of ovariotomy, and that the difficulties which the old operators had hitherto had to encounter amongst the great majority of the profession would be materially lessened by the addition of such an authority.

MR. SPENCER WELLS said he concurred with Mr. Brown in the opinion that the author had rather undervalued iodine injections in cases of single cysts. He (Mr. Wells) had employed iodine in five such cases, and four of the patients had remained without refilling. In the fifth, the injected sac had either refilled, or others had grown. In compound cysts he quite agreed with the author in regarding iodine as worse than useless. He differed entirely from Mr. Brown in the opinion that pressure was of use after tapping. Doubtless some single cysts had remained without refilling after this treatment; but tapping alone was quite as useful without as with pressure. The pressure could have no effect on an empty collapsed cyst. In two cases in which he (Mr. Wells) had been prepared to inject iodine he had trusted to simple tapping, because, in each case, he found the fluid so clear and limpid that he believed the cyst was not truly ovarian, but one of those thin-walled, simple cysts of the broad ligament which collapse when emptied, and do not fill again, whether pressure be employed or not. As to the position of the patient during ovariotomy, he had tried, in three cases, the sitting posture as recommended by the author; but he very much preferred the recumbent position. The chloroform was less likely to induce faintness; there was less tendency to escape of intestines, greater facility in securing the peduncle or bleeding vessels, and it was not difficult, by holding the cysts well forward as they are emptied, to prevent the ovarian fluid from entering the peritoneal cavity. He quite agreed with what the author said as to the extent of incision; and partly so as to the mode of securing the peduncle. After using the clamp in four or five cases, he had abandoned it, except as a very convenient and rapid mode of securing the peduncle for a few minutes while the tumour is separated and the wound closed. Ligatures may then be used below it, and it may be at once removed. In the two cases of tetanus, he did not believe the clamp had anything to do with this occurrence. In one case the tetanic symptoms did not appear till the fourteenth, and in the other till the eighth, day after operation; yet the clamps came away on the third or fourth day. The objection to the fixing the peduncle to the abdominal parietes suggested by the author, that increase of the uterus during pregnancy might be interfered with, was not borne out by a case in which a patient upon whom he had so fixed the peduncle had borne a living child thirteen months after ovariotomy. He differed very strongly from the author in his practice of leaving the tied stump of the peduncle within the peritoneal cavity. He (Mr. Wells) had been obliged to do this in two cases out of the twenty-one in which he had operated. One of these patients recovered, but her state was very alarming for some days, and convalescence much more protracted than in any other he had seen. The other died thirty hours after operation with all the symptoms of putrid infection, and he had no doubt such putrid matter as may be seen to come away when the peduncle is kept outside the wound was absorbed from the peritoneal cavity, and poisoned this lady. The length of time occupied by the separation of the ligature when it was left inside, was a great source of anxiety to both patient and surgeon. In some recorded cases, it had remained from thirty to forty days; whereas, when fixed outside, it separated in three or four, or at most eight or ten, days, and then the wound healed, and all anxiety ceased. He thought the profession greatly indebted to the author for bringing forward these cases, as they would strengthen the hands of those who were endeavouring to prove that ovariotomy has at least been as successful as several other important operations, and a means of restoring many patients from a state of hopeless suffering to one of perfect health.

DR. GRAILY HEWITT thought that the principal point in the paper read before the Society had been lost sight of or passed over by the two gentlemen who had favoured the meeting with their observations. He alluded to the opinion expressed by Dr. Tyler Smith as to the cause of a large proportion of the mortality after ovariotomy, and the best means of combating it. He agreed very much with the conclusions of the author, that in many cases the symptoms and condition of the patient in fatal cases resembled those observed in puerperal fever. With the deduction, that it is of vital importance to prevent the patient from being subjected to the action of deleterious matters introduced from without during or after the performance of the operation, his reading, experience, and observation induced him most fully to concur. He believed that the reason that in the general hospitals of the metropolis the mortality after ovariotomy had been so considerable as compared with the results obtained in private practice and elsewhere, was to be found in the fact that this source of danger had been too little recognised. The high mortality in question was hardly to be explained except by this supposition, and he was of opinion that on a thorough recognition of its truth and importance depended the future success of the operation of ovariotomy.

DR. TYLER SMITH said he could assure Mr. Brown that the ligature had in each case been drawn sufficiently tight. He had before his eyes too vivid a sense of the danger of haemorrhage to omit this. He had not seen any great results from tapping and pressure. He had patiently and carefully tried tapping and the injection of iodine, and had been disappointed. He could give the particulars of twelve cases of injection. In one, death occurred within forty-eight hours. In two others, death took place at longer intervals, from inflammation of the cyst. In only two were the results favourable. In one of these he had lost sight of the patient six months after the operation; the other continued in tolerable health two years after the injection. The rest refilled. He had not seen the evils mentioned by Mr. Spencer Wells as following the use of the ligature. He should be inclined to doubt if the death in the case in which Mr. Wells used the ligature took place in the way he supposed. The time was too short for the occurrence of sloughing and infection of the system. He preferred the sitting, or semi-recumbent posture, because it was convenient for the operator, and it rendered the escape of blood or serum from the cavities of the abdomen and pelvis easy. This was a matter of considerable importance. He trusted others would be led to adopt the operation. For himself he could say, that in the last few months he had done more good in ovarian cases than in the whole of his previous career. He could not before this have pointed to four distinct and positive cases of cure.

CHEMICAL SOCIETY.

THURSDAY, FEB. 7TH, 1861.

PROFESSOR BRODIE, PRESIDENT, IN THE CHAIR.

Messrs. C. E. Beadnell and J. Davis were elected Fellows, and Messrs. E. L. Barret and C. Ulrich Associates.

Papers were read by Prof. Field on "Basic Carbonates of Copper, Nickel, and Cobalt;" and by Mr. A. H. Church on a "New Acid obtained by the Oxidation of Benzol." This acid stands immediately above the benzoic in the aromatic series of acids.

Reviews and Notices of Books.

Constipated Bowels. By B. BIRCH, M.D. pp. 191. London: Churchill.

ON opening this little volume we were quite prepared to encounter the usual contents of the works emanating from the "What to Eat, Drink, and Avoid," "The Stomach and its Difficulties," and "Pain after Food" schools—*brochures* written in pseudo-medical phraseology, which, whilst pandering to the depraved tastes of the self-made invalid and dinner-loving *gourmand*, confer more lasting benefit on the ingenious writer than on either of them. Men of fragile means and more slender practice have found in the chylopoietic viscera an El Dorado of wealth; have extracted from the innermost recesses of the abdominal penetralia, and purified of dross, that invaluable ore which, in turn, relieves them too of the *impecunious* malady under which they were themselves labouring. They have surveyed the stomach and rejoiced in its voracity, have investigated the liver and regaled on its *sweets*, and have dragged the canal and found salt to their porridge.

Abernethian proselytes still abound—renegades to their alma mater, and shamelessly unmindful of the valued halo of pure medical light which their great master shed around his teachings. Let us still eat the biscuit; but, shade of Hygeia! must we still read the book? Are our hard-earned means to be squandered on type and paper before the work of digestion can be considered to be safely done? and must the orthodoxy of medicine be everlastingly twitted with these flimsy oblations at the shrines of Regimen, Diet, and Drugs? Surely our original education has been defective. There is a skeleton, it is said, in every man's house; why has there not been a material one in the schoolmaster's?—to be rendered familiar to his scholars in the profitable anatomy and physiology that might be taught therefrom, and to be succeeded by those diagrams and explanations of the soft textures which would put them in possession of many useful facts, which might form the basis for a few valuable lectures on the laws of health. Then might the education of youth be considered sound, in thus knowing himself before going into the world to know his fellows, and having amongst them to consult perhaps a medical man on "constipated bowels." Proficient he may be in mathematics, and yet unable to estimate duly the ratio between his ingesta and egesta; in geography he is versed, yet untutored in a knowledge of his own surface; reading and writing have been taught him, but can he read what is written within himself? book-keeping he has obtained a prize for, but health-keeping is not even hinted at.

In the absence of this reformation in our schools we may safely recommend the work of Dr. Birch, written as it is in a plain but at the same time not too simple language. It is evidently the production of one who writes with earnestness and in truth, formerly a demonstrator of anatomy, who has sedulously cultivated physiology, and applied its teachings in the cause of "constipated bowels."

Reports in Operative Surgery. Series the Fifth. By RICHARD G. H. BUTCHER, Esq. Dublin: M'Glashan and Gill. 1860.

IN the present series, the author particularly considers amputation at the knee-joint, and gives some illustrative cases, with a plate. He makes a long posterior flap, as adopted by Syme and Fergusson, in preference to the anterior flap of Lane, and with the saw that now goes by his name he saws through the healthy osseous tissue of the femur close to the cartilage of the condyles, but not infringing upon it, and divides the bone in a curved manner from before backwards, "thus securing even a longer stump, more of the bone free from cartilage, and exempt from sharp and irritating edges, better in every way for adaptation to the soft parts." Mr. Butcher was the first to lay stress upon this method of sawing the bones in certain amputations. It is a proceeding that answers admirably in many cases. He considers that the cartilaginous surface of the femur should be removed in all cases, and he observes that in many of those in which it had been retained, unpleasant symptoms have originated from its being attacked by ulceration, death sometimes resulting. Most surgeons will agree with him in the truth of this, and very few would now think of amputating at the knee without slicing away the cartilage. We must make an exception, however, when the operation is performed by a short posterior and a long anterior cutaneous flap, with the retention of the patella, as practised by Mr. Lane and Mr. Coulson; for nothing can be better than the stump thus obtained, which resembles a bent knee, with a good surface to rest upon. If the patella is not retained, nor the operation performed as practised by Mr. Lane, then it is unwise in the highest degree to leave the articulating surfaces of the condyles entire. In some further remarks, Mr. Butcher observes that, "however admirable a measure amputation at the knee may be considered, it can never take the place of *excision of the joint;* it would then, indeed, cease to be a conservative measure."

The Reports conclude with some farther observations on the operation of excision of the knee-joint, which are of considerable value. We recommend these Reports to the notice of every practical surgeon; they add greatly to the reputation of their author, who deservedly ranks amongst the first operators of the day.

The Climate of Worthing; its Remedial Influence in Disease, especially of the Lungs. By WALTER GOODYER BARKER, M.B. Lond. &c. pp. 72 and Meteorology Tables. London: 1860.

FROM its small annual range of temperature; from its being free alike from extreme dryness and extreme humidity; from its southern aspect, and the doubly sheltered position of its sea-frontage, or "marine parade," from the northerly winds,—Worthing may be considered theoretically to possess one of the most advantageous local climates of this island for cases of pulmonary phthisis. Whilst, however, there may be other coast residences much better adapted to the phthisical during *summer*, Worthing may have its advantages in the *winter*. As Dr. Barker well observes—

"There is one point on which Worthing stands unrivalled, namely, the extent of its exercising ground. From the sea to the hills the country is a perfect level, and invalids are enabled to take a great variety of rides and drives, should their health permit, without passing into a different atmosphere. There are many places so pent up as to present no variety in this respect without encountering almost another climate. Nor is this the only advantage of this state of things; for they are also enabled to avoid, to use the words of Dr. Cotton, 'the daily sight of others more advanced in the same disease, which very often tells sadly on the spirits.'"—p. 67.

Phthisis is not the only affection for which the climate of Worthing is therapeutically adapted; but we must refer all anxious inquirers upon these points to Dr. Barker's little work, in which will be found a scientific and able summary of all that relates to the climate of Worthing and its curative powers.

The Wonders of the Microscope photographically revealed by Olley's Patent Micro-Photographic Reflecting Process. Part XII. London: Kent and Co.

THIS, the concluding part of the work, is the only one which has reached us. It contains three plates: one represents a "Perpendicular Section of Human Femur, or Thigh-Bone;" a second, "Voluntary Muscular Fibre;" and the third shows us "Human Blood-Discs, or Corpuscles." This process, as applied to the representation of minute anatomy, evidently leaves much to be desired. The first two plates are passable representations of their subject matter; but the third is—unfortunate.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 16, 1861.

AN advertisement has been sent to us for publication, headed, "Conviction for Receiving an Uncertified Lunatic Patient." We feel that some remarks upon this advertisement are due to our readers. It emanates from the Commissioners in Lunacy, and announces in another form the result of a trial at the Central Criminal Court, the proceedings concerning which have been already sufficiently made known in the law reports of the public press. It will be remembered that the Lunacy Commissioners lately prosecuted Dr. HUBERT EDMUND CHARLES KELLY, a very respectable physician practising at Pinner, for having unlawfully removed into his house and taken charge of a person of unsound mind, he not having a licence for the reception of persons in that condition, and without the proper certificates required by the Act of Parliament. Now it would occur to most persons that the usual mode of publicity would have been sufficient; that if Dr. KELLY had committed an error of judgment, or even a technical misdemeanor, he would have suffered punishment enough when he had undergone the worry and expense of a criminal prosecution at the instance of a Government Board. But all this does not appear to satisfy the Commissioners in Lunacy. The defendant is to be pilloried, as a heinous offender against the law, for an indefinite time after the delivery of the verdict, by the repeated publication of advertisements in the journals read by his professional brethren. Nor is this all. It cannot be supposed that the Commissioners entertain any vindictive feeling against Dr. KELLY. Their object cannot be to persecute him, or to inflict any further injury upon one who has, beyond doubt, already amply atoned for his error. What, then, is the object of this advertisement which is thus thrust before the eyes of the medical profession? It must be meant as a warning to every practitioner of medicine not to subject himself to a similar criminal prosecution. It is indeed very desirable that our brethren should not fall under the tender mercies of the Board of Lunacy for want of full information as to the powers of the Board, and of the circumstances under which those powers are likely to be exercised. But granting this, we do not think the Commissioners display the best possible taste or the wisest discretion, in thus treating the medical profession as the Railway Companies find it necessary to treat the public at large, by placarding, as warning examples to those disposed to become malefactors, or to commit misdemeanors, the names, addresses, and punishments, of the persons convicted of certain offences at their instance. Such a proceeding cannot be justified on the plea, that without this mode of publicity, other medical practitioners might fall into similar error through ignorance of the law. The report of the trial, which has appeared in all the daily and weekly papers, and in our own journal, would answer this purpose. It will rather be regarded by many as a gratuitous display of authority, addressed in a most offensive manner, to an honourable profession, that does not require the intimidating suggestions of a Government Board in order to dispose it to keep the law.

We quite agree with the observations of the learned Recorder who presided at the trial that it is highly necessary for the protection of persons in the unhappy condition of lunatics that the regulations required by the Statute should be enforced. We will even go further in this respect, and maintain that the enforcement of these regulations is required for the protection of persons who may be falsely alleged to be lunatics. But is there any reasonable ground for fear that respectable medical practitioners, living as they must do under the immediate observation of the public, and offering the double guarantee of a professional and social responsibility, are the persons to convert their dwellings into illegal secret asylums? That abuses of this kind have occurred and may recur is true; but it is obvious that vigilance should be directed to other and more obscure quarters.

Studying as we do the proceedings of the Commissioners with a view to penetrate the principles of their policy, we suspect that this prosecution, and especially the minatory advertisement addressed to the medical profession, are intended to discourage the keeping of single private patients. There is nothing which seems more obnoxious to the Commissioners than this practice. The whole tendency of their administration seems to be towards massing all the lunatics of the country together in large asylums. This system, indeed, must commend itself strongly to the mind of the centralizing bureaucratist and the conceited doctrinaire. How convenient for ticketing the insane, and inspecting and subjecting them to all manner of statistical operations, is the plan of aggregation! How readily would the ambition of the Commissioners to direct and control the medical and general treatment of the insane be gratified! All this is obvious; and we discover in the Annual Reports of the Board abundant evidence of their unrelenting determination to make the care of single patients a charge so vexatious and annoying to gentlemen of character and self-respect, that it promises soon to be abandoned to the irresponsible hands of sordid and ignorant persons. Arrived at this point, the Commissioners will probably have little difficulty in completing their design. The abuses and the danger of continuing the practice will be so great and obvious that the public voice will be raised in clamour, and the practice will be suppressed by the Legislature. Before we reach this stage it may not be inexpedient to examine the subject on its scientific and political merits.

The radical question is: Is the principle of treating lunatics in masses the universally and only right one? Dangerous is his position who stands upon the absolute Never or Always in questions concerning the variable elements, actions, and reactions of the human mind. *Primâ facie*, those who assume this position must be wrong. The burthen of proving the justness of their case must, therefore, rest with them. We need not urge that amongst those best qualified to judge there exist the gravest doubts as to the universal, or even the general, adoption of the herding system. It is not certain that it has the lowest of all recommendations—that of economy of management. It is quite certain that many lunatics, more especially those who belong to the educated classes, and in whom recovery is probable, view with terror the prospect of confinement in an asylum. It is not just either to such patients or their friends that seclusion of this kind should, in the absence of overruling social necessity, be arbitrarily forced upon them. The association of lunatics is not always of mutual benefit. As a curative means it can hardly be advocated.

The objections are numerous. We have on a former occasion dwelt upon this important subject, and shall probably recur to it. The attempted abolition of the practice of treating lunatic patients singly must not be carried out before the question has been amply discussed in its medical bearings by those who are more competent than any commissioners to decide it.

We revert for one moment to the case for which Dr. KELLY has been prosecuted. In medical practice it must now and then occur that cases will arise in which the greatest difficulty will be experienced in determining between the cerebral symptoms of various forms of disease and technical or legal insanity. The gradations are infinite, and cannot always be traced. That which is ordinary cerebral or symptomatic disease one day may be interpreted to be lunacy the next. The patient may, like one labouring under an ordinary form of disease, be treated with unquestioned propriety in the house of a private practitioner on a Monday, whilst on the following Tuesday the Commissioners may declare him to be a lunatic illegally detained. These are considerations bearing upon the case before us which cannot be overlooked. Dr. KELLY probably felt some difficulty of this kind. It is at any rate of the highest interest and importance to the medical profession, who must be the ultimate arbiters in questions of health, whether mental or physical, that this legal and moral right to treat sick persons who put themselves in their hands be not wantonly or arbitrarily infringed.

A CASE has recently been tried before Vice-Chancellor Sir W. P. WOOD, which is of great medico-legal interest in relation to policies on life assurance. The representatives of Mr. HORN claimed £300 from the Anglo-Australian Assurance Company, being the amount of a life policy issued to that gentleman. The defence was that the policy contained the usual clause voiding all claim in case of death by suicide; and that Mr. HORN had died by his own hand. These facts were not disputed by the plaintiffs; but they urged that Mr. HORN had committed suicide whilst of unsound mind, as a Coroner's jury had found; that the exclusion of suicidists from the benefits of life assurance was simply maintained on the general ground of morality; and that since an insane person did not come within this law, the claim was not voided under the terms of the policy.

This line of argument received the sanction of Sir W. P. WOOD, who said that since an insane person could not commit an offence against the law, he could not be legally excluded from his rights by an act for which he was not legally responsible. This distinction between the suicidal act of a sane and of an insane person is important to bear in mind, and should lead medical witnesses to exercise extreme caution in expressing before a jury an opinion concerning the sanity of a self-murderer. This should, indeed, never be done unless upon distinct evidence bearing upon the point. The act itself must not be taken as presumptive evidence of insanity. We have on several occasions called attention to the great laxity and readiness of juries to declare suicidists of "unsound mind." It must frequently be very unsafe to take the declaration in a verdict to be proof of insanity. When it is seen that property may be largely involved by verdicts of this kind, it is to be hoped that a more rigorous attention will be given to the laws of evidence in these matters.

No Bill for the reform of the present system of medical relief to the poor will have any chance of passing the Legislature unless it receive the support of her Majesty's Government. Under these circumstances the Poor-law Medical Reform Association have exercised a wise discretion in deferring any attempt to introduce an independent Bill until the result of th labours of Mr. VILLIERS' Committee is known. In the meantime, however, much good to the cause may be effected by pressing upon the attention of the Government and individual members of Parliament the importance of the subject, and the general dissatisfaction which prevails respecting the working of the existing system. This is to be done by petitions, by letters, and by the evidence of those who have paid attention to the subject before the proposed Committee. The Reform Association therefore have sufficient work before them, and it behoves them to lose no time in bringing all their influence to bear upon the members of the Committee and members of Parliament generally. Any gentleman who is desirous of being examined should make application to one of the members of the Committee as soon as it is formed. The Poor-law Board are evidently disinclined to take any decided steps in the matter, but under judicious and energetic management such an influence could be exerted upon them as would compel them to take evidence on the subject, and to propose some modification of the present system.

MR. CARDWELL has obtained leave to bring in a Bill for the Registration of Births, Deaths, and Marriages in Ireland. That an integral portion of the kingdom should, after the lapse of a quarter of a century from the introduction into England of a Registration Act which has worked with admirable efficiency, be still without a similar provision, is not creditable. It is earnestly to be hoped that the new measure will not contain those clauses for extorting compulsory services, under penal terrors, from the medical profession, which have disgraced and marred the Act for Scotland.

Medical Annotations.

"Ne quid nimis."

DANGERS OF POPULAR PRESCRIBING.

WHERE the blind presume to lead the blind, there should be no ditches or pitfalls—no places marked "dangerous," and to be avoided. When ignorant and presumptuous teachers assume to expound dogmatically to the multitude matters long agreed to be beyond their ken, they should beware of venturing upon subjects which involve life and death; where errors are fatal, and where even misapprehension of their meaning is punished by horrible pangs of aggravated disease. They should beware of crying light where there is no light, and of kindling a will-o'-the-wisp lantern which only serves to lead their followers into unwitting self-destruction. We have before us a specimen number of what professes to be a popular instructor—a "Dictionary of Daily Wants," issued by Messrs. Houlston and Wright, of Paternoster-row. In this companion for the people, this daily book of reference, we find an article headed "Consumption." In somewhat less than a column and three quarters of familiar prose, the writer gives a description of the symptoms and treatment of this scourge of our country. The questions debated by the ablest physicians, the problems that still arrest the most skilled therapeutists, are disposed of in a few words.

To pretend to instruct the multitude in the self-treatment of phthisis is in itself wrong, because it is a false pretence; and fallacies in the treatment of diseases so terrible are of no light consequence. But to carry out the endeavour by spreading ignorant and mistaken doctrines, such as are here dogmatically taught, is more reprehensible than any ordinary literary or scientific error.

The popular reader is told that the first object in the treatment of consumption is to promote the absorption of the diseased matter. For this effect,

"It is the general practice to slightly salivate the system by small doses of calomel and kino, followed by a course of iodine, either in the form of burnt sponge, hydriodate of potass, or tincture of iodine. Inflammation is subdued by small bleedings two or three times repeated, leeches on the chest, blisters, or the counter-irritation of the tartar-emetic ointment."

Again—

"In confirmed consumption, and where all the worst symptoms are in operation, the most ordinary course is comprised in the following means and remedies: counter-irritation over the chest by the tartar-emetic ointment; an opiate at bedtime; and two tablespoonfuls of such a mixture as the following, every four or six hours. Take of tartar emetic, twenty grains; infusion of gentian, six ounces; powdered nitre, half a drachm."

It is unnecessary to say anything to professional readers in condemnation of the salivating, nauseating, phlebotomizing, and depressing treatment here advised. We do not believe that there is an educated medical man in the kingdom who would think it his duty to salivate the phthisical patient as a cure for consumption. On the contrary, all would agree that in the majority of cases this would be a sure mode of aggravating the disease. We do not need to contradict to medical readers the astounding statement that in the confirmed stages of consumption, and where all the worst symptoms are present, the ordinary plan pursued is to nauseate and depress the patient by a course of tartarized antimony; we do not stop to enumerate principles of treatment upon which the profession is now tolerably agreed; but it is right that the strongest reprobation should be applied to an article which ventures to produce these fatal doctrines and this dangerous ignorance before uninstructed readers as a reliable guide in the treatment of disease.

It remains to notice the culminating error in this dangerous parody of medical teaching by referring to the prescription last given. The tartar emetic it will be observed is ordered in poisonous doses; doses so excessive as to be ludicrous, if the error were less grave in its probable consequences; doses which would be fatal if the stomach did not reject them. This writer actually orders his unhappy patient, instead of taking perhaps a twelfth or a sixteenth of a grain of tartar emetic, to take three grains and one-third every four or six hours. On a late occasion we had to notice a case in which a poisonous dose of digitalis was prescribed in the columns of a weekly periodical. In that instance the patient was saved by the care of a druggist, to whom he took the prescription, and who refused to make up the mixture as prescribed. But here is poison brought home to the patient, and made so elaborately easy that the intervention of the chemist would not be needed. Anybody can buy a pennyworth of tartar emetic and of nitre, and he has only to mix them with water or gentian, as here directed, in order to half kill himself, if not wholly.

ARSENICAL FLOWERS.

SOME months back the French papers contained an account of an artificial flower maker having been condemned to fine and imprisonment for having made his workmen use an arsenical substance, whereby their health was seriously affected. We read now that on Saturday, the 9th inst., a young man named Bonnin appeared before the Tribunal of Correctional Police to complain that the wife of an artificial flower maker, named Seplat, of the Rue Thérénot, had given to him a green powder to spread over certain flowers, assuring him that it was not arsenical; but that in the course of a fortnight it had caused eruptions on his face, and a constant taste as of copper in his mouth which had prevented him from taking his customary food; had produced colics, &c.; and had at last made him so ill that he had to go to the hospital, where he stayed some time before he was cured. The Tribunal condemned Madame Seplat to a fortnight's imprisonment, and her husband, as responsible, to six days; and it ordered them jointly to pay Bonnin 300 francs.

The previous day's impression of *Galignani* related a somewhat similar incident at Nevers. Some young women were employed by a dressmaker to tear into bands a light tissue of green colour to make ornaments for a gown, and the dust arising in the course of the work entering the nose and mouth produced pains in the stomach, and other symptoms of irritation of the mucous membrane, by arsenical poisoning. The tissue was, in this case, simply burnt by order of the police, and the shopkeeper who had sold it decided on returning to the manufacturers a quantity of the same material with which he had been supplied.

HOMŒOPATHY IN THE GUERNSEY MILITIA.

THE importance of the precedent which it is sought to establish by the effort to maintain a homœopath in the Guernsey Militia, and the energy with which the surgeons of that force defend the dignity and character of the profession, insulted in their persons, give considerable public importance to what would otherwise be an unimportant episode of local official oppression.

We have already called attention to the fact that, by the acceptance of the resignations of Drs. Hoskins, F.R.S., De Lisle, and Mansell, the three senior staff surgeons, Dr. Ozanne, the homœopathic *casus belli*, and sole remaining staff surgeon, becomes virtually the senior medical officer of the Guernsey Militia, and his name is, in fact, printed at the head of the roll in this month's Army List. Men of forty and thirty years' standing have been sacrificed in order to confirm the appointment of Dr. Ozanne. The natural consequences have followed. The regimental surgeons are not more willing to be insulted than the staff surgeons. If the staff surgeons had a claim to be released from the necessity of acting on boards with a homœopath, the regimental surgeons have a right to be freed from acting under him, or performing collateral duties, or figuring in the same list which presents his name at the head. General Slade has already suppressed the medical staff to maintain his appointment intact. The regimental medical officers have now repeated and pressed their resignations, which were tendered at the same time as those which have been accepted. They perform their duties under protest, and General Slade having refused to accept the resignations which they have urged upon him, they have again addressed the Home Secretary, praying for relief from duties which they cannot under such circumstances perform except with feelings of humiliation and under direct compulsion. The military journals have already commented upon the violation of general orders involved in the late proceedings, and fittingly condemned the obstinate prejudices which have dictated the oppressive and offensive course pursued.

We leave these considerations to the military critics, who have already ably dealt with the offenders. But it is obviously impossible to perpetuate such an injustice as to insult and humiliate the whole body of medical officers—to accept the resignations of the oldest and most valued members, and to persist in compelling the remaining members of this unpaid force to serve against their will, under protest, and in spite of repeated requests for permission to resign, in order to support an appointment universally condemned. General Slade has already suppressed the medical staff rather than yield; and if he is resolved to maintain Dr. Ozanne in office, he must be prepared to suppress the medical service of the Guernsey Militia altogether.

TESTIMONIAL TO DR. DAY.

WE are gratified to learn that a movement is on foot for the purpose of presenting to Dr. Day, of St. Andrews, a testimonial from the graduates of that University, in acknowledgment of his labours in their behalf. There cannot be a doubt that the improvements in the examinational system introduced by Dr. Day, have contributed largely to the interests of the University. Understanding well the practical requirements of the medical profession, and not less so the scientific advancements therein, Dr. Day has so admirably arranged the examinational card at St. Andrews, as to give to the degree a high professional worth, without excluding its possession from anyone who may have the courage and the industry to work for it as an academic title. We should hope that the recognition of Dr. Day's services will be responded to by every graduate of St. Andrews.

ROYAL COLLEGE OF SURGEONS.

HUNTERIAN ORATION, BY MR. COULSON.

ON Thursday last, at three P.M., Mr. Coulson delivered the Hunterian Oration in the theatre of the above College, before an unusually full and distinguished audience, which accorded to the lecture a very flattering reception. The oration was characterized by an elevated tone of thought, and an eloquent orm of expression. It was rendered still more impressive by an admirable manner of delivery.

Mr. Coulson commenced by recalling the religious custom which prevails in many countries of devoting a particular day in each year to the memory of the departed; and in the same spirit, he said, did they summon, as it were, the spirit of Hunter to appear amid the work of his hand, and there, surrounded by the fruits of his labour, pay to genius its homage, and hold forth a great example to incite and to instruct. Mr. Coulson reviewed the simple life and grand labours of Hunter, whose Museum was an epitome of organized nature, and the preparations like the picture-writing on an ancient temple, where each picture is a page in a history before unknown. Mr. Coulson affirmed with eloquence, and analyzed with dialectic refinement, the statement of Hunter, that "Life is a power superadded to matter; that organization arises from, and depends on, life, and is the condition of vital action; but that life never can arise out of, or depend on, organization." Passing from the lofty generalizations which comprise the laws of unity of type and analogy of development, the orator vindicated the liberality of the College, which had spent or procured nearly a quarter of a million of money in supporting, housing, and extending the Museum, while the preparations had increased, under its guardianship, from 13,682 to 44,700, 16,000 microscopical preparations being due to Mr. Quekett. Reviewing the course which the College had taken in controlling and elevating the educational standard, Mr. Coulson concluded, amid loud applause, by an eloquent exhortation to personal, professional, and scientific union.

POOR-LAW MEDICAL REFORM.

MEETING AT FREEMASONS' HALL.

A MEETING of the members of the Poor-law Medical Reform Association and medical students was held at Freemasons' Hall on Tuesday last. The meeting had been announced for twelve o'clock, but in consequence of the paucity of the attendance, the proceedings did not commence till more than half an hour after that time.

Mr. GRIFFIN, of Weymouth, occupied the chair. He said he had received a letter from Mr. Lord, in which he remarked that few men of any practice in or near London could attend at the hour fixed. The result confirmed that opinion. The chairman then read the minutes of the preceding meeting, held in May last, and said that since that time, as the meeting were aware, Mr. Pigott had brought a Bill into Parliament, but withdrew it on the evening appointed for the second reading in consequence of the tremendous opposition of the Poor-law guardians. Mr. Pigott had since promised to introduce another Bill, but had been prevented by illness. Since the adjournment of the House, several letters had passed between Mr. Pigott and himself. (Some of the letters were then read, in which Mr. Pigott referred Mr. Griffin to one of the members for Devizes, who would be likely to get the Bill through Parliament, and stated that his brother, Mr. Serjeant Pigott, who was then a member of the House, might support the measure.) The chairman, thinking it was time that they should be prepared with a member to bring the matter forward, had applied to Mr. Layard, who, in his reply, said he regretted that the Bill should have met with so many obstacles, and that, not having before heard from the Association on the subject of their grievances, he had concluded that the matter had been dropped. He should be glad to give the subject again his best consideration, and the Association such support as he might be able to afford; but many circumstances combined to make him unwilling to bring the Bill before the House. Immediately on the receipt of this reply from Mr. Layard, the chairman wrote to the gentleman named by Mr. Pigott (Mr. Darby Griffiths). This gentleman, in his reply, stated that it was a subject on which he had never had an opportunity of forming any conclusive opinion as to what should be the practical solution of the conflicting claims of the parties, and he felt precluded from adding another subject to the number with which he had to deal. A copy of this letter had been sent to Mr. Serjeant Pigott, together with a copy of Mr. Francis Pigott's letter. Since he (Mr. Griffin) had been in the room that morning, he had received an answer from Mr. Serjeant Pigott. (The letter, which was read to the meeting, was to the effect that the learned writer had not sufficiently informed himself as to the law of medical relief to know whether it was of sufficient importance to call for new legislation; and until he knew more of the subject he could make no promise thereon. His engagements before Easter were very pressing, and he had not had an opportunity of looking into the question so fully as it required. So far as he had read the proposed Bill, he saw that the subject required a very nice discrimination, and the whole Bill to be remodeled. Mr. Villiers had got a committee to consider the whole subject of the administration of the Poor-law and its operation, and had declared to him that it was just the opening that was required.) Immediately upon Mr. Villiers giving notice for a committee, he (Mr. Griffin) wrote to the Poor-law Board, to know what steps he should take to be examined on that committee, and he was informed in answer that the usual course was to make an application to one of the members of the committee, but at present the members were not named. He thought they should get no Bill before the House while that committee was sitting; but if the subject were fairly inquired into, such a mass of evidence would be laid before Parliament that some legislation must take place.

A Medical Officer said he thought the question for them to discuss at present was, whether they should go with the Poor-law Board or against them. He was satisfied that the Board were at their wits' end to get help from the guardians; they feared there was such an antagonism to them at the present time amongst the general public, that they were soliciting support in every direction.

Dr. RANSOM, of Cambridge, thought there would be no harm done in opposing the Poor-law Board. The assistance the medical officers had received from them was nothing at all, for they had been left entirely at the mercy of the boards of guardians.

The CHAIRMAN intimated his full intention to prosecute the agitation for reform. He cared nothing for the coolness which some manifested. He was daily receiving letters from all parts of the country. He received sufficient subscriptions to pay the expenses of the movement, and when he found this was the case he knew that medical officers generally were interested in the matter. Although many of the metropolitan men were standing aloof personally, still he had received a great deal of money from them. It seemed as if they wished to support the movement without being observed.

Mr. SUTHERIN said the only plan to pursue, in case the Government should not think proper to bring in a Bill to redress their grievances, would be to call a meeting of the whole profession, and unanimously agree to give three months' notice and resign.

The CHAIRMAN.—They wont do it.

Mr. SUTHERIN.—Then they are not worthy of being medical men. The present generation of medical students, to their great credit, have all made a pledge that they will not take office upon the present scale.

The CHAIRMAN said he did not wish the young gentlemen to

pledge themselves, for he knew they would break their word. In support of this opinion he quoted from a list of 199 medical officers elected last year upon a single qualification. One was elected in 1859 with a diploma dated in that year. Another, elected the same year, held a diploma dated 1858; and a large proportion of them bore dates varying from 1857 to 1860.

Mr. SUTHERIN attributed this to want of unity.

Dr. RANSOM considered that while the profession was in such an overcrowded state, such results would follow.

The CHAIRMAN said there were very many officers who were well paid and satisfied. Some were receiving as much as 14*s.* a case. In Melton Mowbray the average of all the cases was 10*s.* 9*d.*; while in some places the average was as low as 1*s.* 4*d.*

Dr. ROGERS said his guardians admitted that he was not receiving half enough for the work he was doing, but said they were not in a position to go to the ratepayers or the Poor-law Board and ask for more, because if he were to give up the appointment they would have twenty applicants for it the next day.

Mr. RUTTLEDGE said it seemed an extraordinary thing that students would accept Poor-law appointments on the present scale; but he did not recollect any resolution determining not to do so. He hoped, however, that Mr. Sutherin's statement was correct in that respect. If medical officers were dissatisfied with their appointments, why did they not give them up? It ought to be ascertained how many would support the movement, because he believed there were very many who were perfectly satisfied, and who showed their satisfaction in the best possible manner—viz., by retaining their positions. It had been said that young men had been thrown upon the guardians. He hoped that, although young, they were not incompetent; but considered they had no right to hold office with one qualification. He had had several conversations with gentlemen holding Poor-law appointments, one of whom, engaged in the East of London, had informed him yesterday that the average he received was 5¾*d.* a case; but as it brought in something he must be satisfied, for others were ready to accept the appointment on the same terms.

Dr. FOX said, in reply to the last speaker, who stated that very many were satisfied with their appointments, that the best proof that medical officers supported the movement was that the majority of them had subscribed towards it.

The CHAIRMAN.—They have, about eighteen hundred of them.

Dr. ROGERS said with regard to their Bill they had no one to introduce it. He recommended that they should apply to their old friend, Mr. Brady.

The CHAIRMAN said they must wait to see the result of the committee.

Dr. ROGERS said the Chairman's exertions in this matter were beyond all praise (applause); but still they might advantageously impart to the question something like a new element in the shape of a permanent London committee of the Association, consisting of some six or eight good and true men, who would watch the question and be in communication with Mr. Griffin. Dr. Rogers then moved the following resolution,—"That a sub committee of the Association, consisting of such Poor-law medical officers as are subscribers to the Association, be appointed, with power to add to their number; that the said sub-committee shall be open to every gentleman of the committee who may be desirous to attend. Five to form a quorum."

Mr. SUTHERIN seconded the motion.

Mr. NICHOLLS.—May I ask what the duty of this committee would consist in?

The CHAIRMAN.—Merely to carry the Bill forward, I imagine.

Mr. NICHOLLS.—Is this Bill supposed to be the exact thing to be worked for?

The CHAIRMAN.—I think, take it as a whole, if you pull it to pieces very much, you will have all the country men in arms against you.

Mr. NICHOLLS said he could not help expressing his opinion that it was a Bill which would never pass Parliament. He thought, in the first place, it was too cumbersome, and would interfere too much with the prerogative of the Poor-law Board. They ought not to ask for more than they were likely to compass. The question resolved itself into very narrow limits—one of pounds, shillings, and pence, or a fair remuneration for what they did. He had nothing to say against the Bill *per se*, but should be very glad if it were possible to carry it.

The CHAIRMAN said the good of the poor was the first thing to be considered; and if the officers went into Parliament with a Bill merely for pounds, shillings, and pence, it would be thrown out.

Mr. NICHOLLS said the Poor-law Board would most strongly oppose the Bill, because it was trenching on their legislative powers.

Dr. FOX said that Lord Shaftesbury had expressed his opinion that, if the two questions were separated, the Bill would never pass.

Mr. NICHOLLS said he thought every member would admit that the medical officers were not paid sufficiently for their services. He thought if the Association asked the law to step in and prevent the injustice done to the medical man,—and he might say, by inference, to the poor man,—they would be more likely to be successful. Ask the law to fix a minimum rate per case. Let the payment be by salary if convenient, but the number of cases should be the basis.

The CHAIRMAN said the medical officers should decide who were to have orders; but if the payment were made per case the guardians would direct the relieving officers to give no more orders than they were obliged. The patients would be sent to dispensaries or elsewhere, and the salary of the medical officers would thus be reduced. They must distinctly define the kind of cases to receive attention, and the parish should be compelled to give orders in such instances.

Mr. NICHOLLS also objected to the payment of a certain sum up to 300 cases, and then reducing it, as it involved injustice.

The CHAIRMAN.—Tell me the injustice.

Mr. NICHOLLS said the injustice was that the proposal was based upon the principle of more work less pay.

The CHAIRMAN said the principle was right for the simple reason that the expenses did not increase in the same ratio as the number of cases.

Dr. ROGERS said if the per-case payment were adopted, and every case was paid for alike, he should be in receipt of £400 a year for the work he was doing.

Mr. NICHOLLS.—Very well; and not a bit too much either.

Dr. ROGERS.—I shall never get it, and therefore it is not worth while to fight for what we shall not get.

Dr. RANSOM said that in his district, where he was receiving about £60 a year, he should have about £200 by the arrangement of Mr. Nicholls.

Mr. NICHOLLS said the attendance upon a case of sickness should be paid for at the same rate whether it was done by one man or twenty men. If one man had a thousand patients, and five men attended to the same number between them somewhere else, he did not see why the five men should be paid at a higher rate than the man who attended to the thousand.

Mr. POWELL observed, that what they had to look to was to obtain some improvement in their condition. As to getting all they wanted, it was perfectly out of the question. By Mr. Griffin's arrangement his (Mr. Powell's) salary would be a little more than doubled; but if he were to be paid 5*s.* a case, it would be quadrupled. As the Bill was framed, the difference would not be very enormous; but if a proposal was made for 5*s.* a case, the guardians would bring all their influence to bear upon the metropolitan members, and oppose it to the knife.

Mr. NICHOLLS urged that the proposed Bill was one man's work.

The CHAIRMAN replied he had received letters from about two thousand medical officers on the subject, and the Bill was collated from their opinions. He personally was only the mouthpiece.

The resolution was carried *nem. con.*

Dr. ROGERS said, supposing the Bill to be for the present laid upon the shelf to await the result of the committee, he thought it highly desirable to form a committee in London, to whom any gentleman coming from the country desirous of giving evidence before the Parliamentary Committee might apply and receive counsel and encouragement.

At the request of the Chairman, Dr. Rogers consented to act as secretary to the committee.

Dr. FOX said that since he had been present the only opposition to the Bill which he had observed was on the ground of pounds, shillings, and pence. It seemed to be an utterly selfish opposition, and one which set aside all the collateral benefits of the Bill.

Upon the motion of Dr. RANSOM, seconded by Mr. POWELL, a cordial vote of thanks was accorded to the Chairman.

The Chairman briefly acknowledged the compliment, and the proceedings terminated.

CHOLERA IN SYRIA.—It is said that the cholera has broken out amongst the French troops now in Syria.

Correspondence.

"Audi alteram partem."

THE RACING WORLD AND THE LONDON HOSPITALS.

To the Editor of THE LANCET.

SIR,—Knowing from personal experience the distressed condition of most of the London hospitals, I rejoiced, in common with many of my medical brethren, when, a few months ago, a proposal was made public that had been submitted to the stewards of the Jockey Club by Mr. Joseph Bond by which a permanent income might be secured to those institutions from the winnings on the race-course. That proposal in its widest sense contemplated an allocation of 10 per cent. upon all sums won as racing stakes throughout the kingdom, amounting in 1859 to an aggregate of £200,000, which would realize the large sum of £20,000 to be applied annually to the relief of the several hospitals both in London and the provinces. Mr. Bond, however, in his letter to the Jockey Club, narrowed his proposal in the first instance to the stakes annually run for at the summer meeting at Epsom, and notably to the two great metropolitan races with which we are all best acquainted—the "Derby" and "Oaks." The net amount of these two stakes he calculated at £9000, 10 per cent. upon which would produce £900; and this sum he proposed to divide amongst six of the metropolitan hospitals—namely, St. George's, St. Mary's, Charing-cross. King's College, the Royal Free Hospital, and the London Hospital; generously offering, by way of inauguration fee, to contribute from himself the sum of 1000 guineas (since increased to 1200) towards the permanent endowment of the institutions named, should the Jockey Club accede to his proposition; "for," as he wrote, "having brought the child to the font, it is only manly and right that I should deposit with him my humble tribute and best wishes for his future growth, expansion, and welfare."

To dwell upon the vast advantage to our metropolitan hospitals of the permanent subsidy proposed by Mr. Bond would be so completely a work of supererogation in a letter addressed to your columns, and intended chiefly for professional readers, that I shall refrain from urging that point. We all know too well, were it even only through the heart-rending appeals continually made in the public prints, the difficulties those institutions labour under, first to keep their working gear in order, and next to provide the necessary funds whenever any attempt is made to extend their usefulness. It is owing to this want of funds that the number of in door patients is notoriously circumscribed; and although additional wards are sometimes built for their reception, these cannot be used consistently with the dictates of prudence, however much smiling Benevolence, that "hopeth all things," may counsel the opening of their portals. Hundreds of the sick poor are thus annually debarred from that relief which can only be perfectly administered to them when, as in-door patients, they are under continuous medical supervision; and thus also may it not be feared that the rising generation of practitioners, whose numbers are always on the increase, will have their future usefulness seriously impaired from the want of that clinical experience which our hospital wards can alone properly furnish?

You have yourself, Sir, admirably remarked, in your notice of Mr. Bond's proposition, that "to secure a steady income to meet the enormous demands upon the large metropolitan hospitals is an object of almost national concern. These institutions, apart from their immediate object of preserving the health and productive power of the labouring classes, are great schools of medicine, whence issue perennial supplies of practitioners, who carry the blessings of science to all corners of the earth." Should not every exertion, then, be used on the part of the medical profession to secure to our hospitals the benefits contemplated by Mr. Bond's scheme?—especially as you agree that the only objection to it falls to the ground upon its being ascertained that a sufficient provision exists for decayed jockeys themselves in the Bentinck Memorial Fund, as shown in the letter of "Amicus Curiæ," recently published in your journal. If it be Mr. Bond's intention to renew his proposal to the Jockey Club, coupled with his promised donation of 1200 guineas from himself, then is it clearly our duty to stand by him manfully in his appeal to that corporation, and by some action on our part, perhaps by an address to the same body, setting forth the manifold benefits involved in the proposition, strive to assist him in carrying out his benevolent project. I repeat that it will be shame on us, members of the profession, and especially those of our number who are officially connected with the six hospitals named, should we allow our generous lay friend to fight the battle single-handed, and then only to step forward with our congratulations, and "encumber him with help," should his exertions be crowned with success. To insure that success, however, much I believe may be done by ourselves, with which conviction, and hoping for communications upon the subject from medical friends,

I remain, Sir, yours obediently,

EDWIN CANTON, F.R.C.S.,

Montague-place, Feb. 1861. Surgeon to the Charing-cross Hospital.

THE JUNIOR MEDICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I have a few remarks to make touching the constitution of the Junior Medical Society, as proposed by Mr. Ernest Hart.

In the letter he addressed to you last week, he takes especial pains to show how this new Society is to be kept from abolishing, or interfering with, the functions of the Students' Medical Societies which at present exist at the larger schools; and he goes on to show how he thinks it may be made the nurse and guardian of these sickly children.

Now, it has been suggested, and I think very reasonably, that the blaze and glitter of this new Society, and the renown to be achieved therein, will quite eclipse the feeble lights which now shed so little illumination around their respective "medical homes." For, doubtless, when a man thinks he has anything to say worth the saying he will reserve his eloquence for the largest audience he can find. But I do not share Mr. Hart's tender sympathies for these societies: if their vitality is so precarious, why not let them die? Is it not better to have one large society that does its work well, than a dozen small, languid, inefficient ones.

Mr. Hart's proposal that gentlemen should be admitted members of this new Society only on the condition of their being members of one of the existing medical societies is, I think, open to grave objection. I have the honour to belong to a school whose medical society is most efficient and flourishing; but many of the smaller schools have no medical societies at all, and the students of these schools, who would, doubtless, bring as much talent and information to the deliberations of the Junior Medical Society as those of the larger schools, would, by this regulation, be prevented from enrolling themselves amongst its members.

Now I trust that in establishing this Society we shall be actuated by no principles of exclusiveness; I trust it will be founded on the widest possible basis, and that it may be open to every medical student in this metropolis, irrespective of his being a member of any existing society.

Founded on such principles, I believe this Society will be a valuable and flourishing one. Valuable, because it will impress the student at the most impressionable period of his life with the necessity that exists, in the profession he has chosen, for individual research and observation. It will show him how inimical to any real progress it is to yield himself bigotedly to the influence of authority alone. It will teach him that in a science like medicine, which contains so little absolute truth, it is well to cultivate a reasonable scepticism; that valuable experience rests not with years only, but in habits of accurate observation and just reasoning, with which a man may be wise when he is young—without which he may be foolish when he is old. A Society calculated to do so much good must flourish. I hope, then, Sir, that access to the Junior Medical Society of London will be free and unrestricted.

I am, Sir, your obedient servant,

King's College, Feb. 11th, 1861. ISAAC BURNEY YEO.

THE MARSHALL HALL METHOD IN CASES OF DROWNING.

To the Editor of THE LANCET.

SIR,—Having perused the paper read before the Royal Medical and Chirurgical Society by Dr. Christian, and believing it, or rather Dr. Sibson's experiments, to imply that the Ready Method was not often successful, I beg to record the following case:—

A. P——, aged nineteen years, being out bathing, got out of his depth, and sank. He was pulled up, after being submerged from about seven to eight minutes. I arrived about

half an hour afterwards, and found him quite cold and apparently lifeless, although he had previously shown some signs of returning animation. No pulse; heart's action *hardly* perceptible by the stethoscope. A warming-pan had been applied to his feet, with blankets around his body. I immediately began the Marshall Hall Method, ably aided by Mr. James Forsyth, surgeon, and was rewarded by the patient beginning to breathe, which began to fail as we slackened our efforts, and *vice versâ*. He now opened his eyes for a moment. We then raised him from the recumbent position; but he soon began to sink again, losing the small amount of heat he had gathered. We repeated the process with the same success. He now made an effort to rise, muttering something; and on again raising him, and applying warmth to the feet, giving him some brandy, he again became cold and livid, with pupils dilated as before. We were obliged to keep up the process for nearly an hour and a half before he could walk with assistance, when he recovered without any bad symptoms, except that he was perfectly oblivious to everything done on the day of the accident.

I am, Sir, yours very truly,

Eyemouth, Feb. 1861. ROBT. INGLIS, M.D.

PROPOSED MEMORIAL TO DR. BALY.

To the Editor of THE LANCET.

SIR,—Allow me, through your columns, to suggest that the proposed memorial to Dr. Baly should be one of *practical* value. Could not a scholarship be established, to be called the Baly Scholarship, open to all the schools, and tenable for so many years, the whole of which time to be devoted to the study of *clinical medicine?* Such a memorial would be beneficial to the whole medical profession, and would perpetuate Dr. Baly's name with his favourite study. I cannot but think that such a plan, if properly taken up, would be supported by the general public, as well as by our own profession. Would not Royalty also contribute to such an object? If this can be carried out, I myself will glady contribute £5 towards it.

I remain, Sir, your obedient servant,

S. BARTHOLOMEI NOSOCOMII QUONDAM ALUMNUS.

Feb. 1861.

ARMY MEDICAL SCHOOL, FORT PITT.

MILITARY SURGERY.

PROFESSOR THOMAS LONGMORE, F.R.C.S.,

DEPUTY INSPECTOR GENERAL.

1. A battle is to be fought within twenty-four hours of a given time. Give a sketch of the surgical arrangements necessary for a division of the army, and more particularly describe the duties of the several medical officers of a regiment. Value 50.

2. A soldier has received a wound of the chest from a musket ball; the ball has entered a little above the right nipple, and is found lodging beneath the skin at some part of the vertebral margin of the scapula. Describe the principal lesions which may have been caused by the projectile in its passage, and the guiding symptoms of each. Value 75.

3. What injuries and what circumstances in warfare particularly lead to the development of pyæmia? Value 25.

4. An assistant-surgeon is ordered to go in medical charge of troops in a ship proceeding from Gravesend to Calcutta. What are his duties before, during, and at the end of the voyage? Value 50.

5. Describe the system of dieting ordered by the military regulations for military hospitals in time of peace. Mention the names of the several diets in the scale. State the composition of any one of them. Value 50.

PRACTICAL EXAMINATION.

Make an examination of the case of ——. Twenty minutes are allowed for the examination. Written notes may be taken.

You are required to write concisely a history of the case, your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease (or injury) on the man's fitness for service as a soldier. Half an hour will be allowed for this description.

PATHOLOGY.

PROFESSOR W. AITKEN, M.D.

1. Describe the more immediate and subsequent effects of malaria on the human subject; the morbid conditions which are brought about upon the spleen, the liver, and the blood; and the kind of influence exercised on the condition generally by a prolonged exposure to malaria. Mention the earlier symptoms which indicate the establishment of the pernicious influence, and give any one example demonstrating the persistent character of these influences, and how they showed themselves in the particular example you may cite. Value 75.

2. Describe the structure of the mature ovum of the tapeworm; state the part of the tapeworm colony in which the ovum reaches maturity; describe the stages of its subsequent development, and the dangers which may attend the existence of tapeworm colonies in the human subject. Value 60.

3. State what is known regarding the source and development of the dracunculus; describe the lesions in the human subject to which it may give rise; and state the regions of the world in which it is endemic. Value 55.

4. Describe the lesions of the intestine in cases of acute dysentery; and state the circumstances which are apt to render cases of dysentery complex, and the nature of the lesions which may then ensue. Mention the points in the morbid anatomy of dysentery regarding which more exact and extended information is desirable. Value 60.

PRACTICAL EXAMINATION.

1. Examine the ova from the segments of the tapeworm, and demonstrate the distinctive characters. (20.)

2. Demonstrate the elements of muscular tissue and of cartilage. State shortly the best mode of preparing muscular tissue for examination. (35.)

3. Demonstrate the villi of the intestine, and indicate the morbid state. (40.)

4. Demonstrate the lobules of the liver, and indicate the morbid state in the specimen. (40.)

5. Demonstrate the structures found in the cortical substance of the kidney, especially the epithelium, the tubes, the basement membrane, and the Malpighian bodies. (60.)

6. Demonstrate the mucous tubes of the stomach, and state the kind of medium in which epithelium is best examined. (20.)

7. Delineate (in outline only) any of the objects examined: (1) judging of the size by the eye alone; (2) using the camera and appending the scale which indicates the relative magnifying power used in the observation. (35.)

8. Determine the magnifying power of the lens in the large microscope on the table (1) with the long eye-piece, (2) with the short one. (60.)

9. Describe any of the lesions in any one of the specimens on the table. (35.)

HYGIENE.

PROFESSOR E. A. PARKES, M.D.

1. What is the mortality of the British soldier at home as compared with adults of the same age in civil life? To what causes is the mortality owing, and what measures would you suggest for prevention? Value 80.

2. If you were sent into a district to examine into the quantity and quality of the water of a certain spot, where it was proposed to encamp 10,000 men for a month, how would you proceed to get the information required? What arrangements would you adopt to purify the water if it contained organic matter from peaty or marshy soils? Value 70.

Note.—Do not enter into chemical details, but state generally your mode of procedure.

3. What effect have soil and configuration of ground on health? Value 40.

4. What are the chief sanitary duties to be carried out in a camp? Value 60.

PRACTICAL EXAMINATION.

1. *Water.*—Determine the amount of magnesia by the soap-test. Calculate as chloride.

2. *Vinegar.*—Estimate the amount of acetic acid. Is sulphuric acid present?

3. *Lime-juice.*—Estimate acid as hydrated tartaric acid. Examine for sulphuric acid.

4. Microscopic examination of the specimen [adulterated coffee.]

N.B.—It was proposed to have an oral examination for those candidates who failed to satisfy the examiners at the written and practical examinations, but it was not found necessary to hold one.

MEDICAL STUDENTS IN THE UNITED STATES.—According to late statistics, there are now in the whole of the United States of America 3937 medical students. The numbers in each State vary from 630 to 60.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

IN reopening the debate at the Academy of Medicine on the error of diagnosis, according to M. Trousseau, so frequently committed, in cases of epilepsy, and the confusion of the early attacks of this malady (as they occur in adults) with apoplexy from cerebral congestion,

M. Beau, the intelligent physician of the Charité, observed: "M. Trousseau has, if I understood him aright, given it as his opinion that apoplectiform cerebral congestion is nothing more nor less than a symptom of epilepsy. If so, I am bound to say that I consider his view of the case to be greatly exaggerated, and, consequently, inexact. Congestion of the brain is, at one and the same time, both a cause and an effect of a great number of cerebral diseases, and when excessive, and produced in tissues already damaged by disease and defective nutrition, may lead to extravasation, cerebral hæmorrhage, or to red softening. Congestion of the brain, as an effect of chronic cerebral disorder, may be observed in the course of general paralysis, and also as a consequence of the epileptic seizure. But, at the same time, it is well known that hyperæmia occurring in certain portions of the encephalon, and under certain ill-defined conditions, is itself capable of producing epileptic symptoms. Vascular congestion becomes in the brain, as in any other organ, the source of morbid manifestations, varying in intensity according to the dangerous or trifling nature of the cause. In the latter case, when the hyperæmia is moderate, and confined to certain limits, both of space and duration, the resulting pathological state is termed apoplectiform cerebral congestion. This condition, which, in its nature, is neither apoplectic nor epileptic, has long ago been observed and alluded to by several authors, under a different title, however. Willis describes this disorder under the name of "apoplexia habitualis," thereby intimating that the affection is not of extreme gravity. Another reliable author again, Sauvage, admits with Willis, that grave apoplexies are not unfrequently ushered in, and preceded by, lighter attacks, consisting of vertigo and headache, and he adds that *these more trifling attacks are, oftener than is imagined, epileptic and not apoplectic.* But here still he is at a great distance from M. Trousseau, who wishes to establish it as a law, that those recurring forms of so-called apoplectic seizure are invariably unrecognised examples of the epileptic vertigo. M. Baillarger has furnished us with the alienist contingent of evidence; but I confess I am little convinced by the facts he adduces. The field of observation from which they are gathered is too narrow, and in order to arrive at the truth in such a question as the present, the whole of the clinical domain must be ransacked for testimony. I believe that, as Willis has already observed, ordinary medical experience not unfrequently furnishes examples of slight attacks of cerebral congestion of an apoplectic nature occurring in patients who are perfectly free from epilepsy. The means of discriminating between apoplexy and epilepsy is in certain cases, no doubt, very difficult, more especially in those examples of the latter disorder where the regular fit is absent, and where the vertigo alone is present. On such occasions the physician must be almost entirely guided in the formation of a diagnosis by the concurrent circumstances."

After some observations from M. Durand-Fardel and Girard de Cailleux, consisting in mere recapitulations of the foregoing, M. Falret terminated the day's discussion by propounding the following question:—"Is it possible that apoplectiform congestion may be simultaneously one of the forms of epilepsy and a symptom of other cerebral affections?" After a very full development of his question, and a feebly affirmative answer, the speaker stated, that, in his opinion, M. Trousseau had, by provoking this debate, rendered several important services to science. He had first drawn attention to the differential diagnosis of epilepsy, apoplexy, and other brain affections. He had, secondly, rendered inevitable a more precise inquiry into the nature of epilepsy, and more especially into the fact, whether this malady owes its origin to a hyperæmic, or other such source; and lastly, he had been (or will have been) influential in abolishing the practice of bleeding in cases of epilepsy in which the cerebral congestion, if, indeed, any such exists, would spontaneously have disappeared without surgical interference. (This discussion is expected to terminate on Tuesday.)

At the conclusion of the meeting, M. Bouillaud presented for inspection the lung of a patient who had died on the preceding day in the wards of the Charité. The history of the case was briefly as follows:—A man, forty years of age, a workman in a brass-foundry, was admitted on the night of the 31st ult., in an almost dying state from asphyxia. The eyes were fixed, the lips blue, the limbs convulsively agitated, and the breathing performed with extreme difficulty, the respirations being 50 per minute. Percussion over the upper lobe of the right lung, both before and behind, yielded a perfectly dull sound, and the respiratory murmur was totally absent, the other side of the chest being apparently healthy. The patient died during the night from suffocation, and the autopsy revealed the existence on the right side of the chest of a large quantity of coal-dust, forming a substantial concretion, and, in certain parts, completely stuffing up the bronchial tubes and mechanically preventing the passage of the air. M. Bouillaud remarked that no doubt the man had inhaled this coal-dust in his workshop, and that such exaggerated cases of carbonaceous concretion in the pulmonary passages were very rare.

A propos of the Charité: the fever of house demolition and street improvement is about to attack this old building very shortly, and as growing is (in certain cases, at all events) one of the effects of fever, so it is probable that the epidemic will leave the hospital bigger by 100 beds than heretofore. The Charité lies, as no doubt many of your readers know, in the Faubourg St. Germain, on a plot of ground limited on three sides by the streets Jacob, des Saints Pères, and Taranne. In the angle of junction of the first two streets stand, and possibly have always stood since the erection of the hospital, two houses whose existence has long been a thorn in the side of municipal Paris. Ever since 1829 has the "Administration de la Ville" been longing to absorb those two doomed mansions, the only obstacles to the satisfactory establishment of the hospital ring-fence. If the Ten Commandments apply to corporate societies as well as to individuals, then of late has the Town Council of Paris been sadly in fault as regards the tenth, for the "coveting of the neighbour's house" has, on their part, been painfully illustrated in this and many like cases. In the present instance, the expropriation referred to is likely to prove a very lucrative affair; for besides endowing the hospital with several extra wards and a new chapel, the municipality thereby gains the complete *façade* on the Rue des Saints Pères, several handsome shops, and a considerable extent of ground. The foundation of the Charité goes back to the year 1602, and was the work of Mary de Medicis, who established within its walls certain friars of the charitable order of San Giovanni di Dio invited from Tuscany into France by herself for this express purpose. The building, however, as completed in her time, was but the nucleus of the structure of to-day, which in its very best aspect is but a sorry architectural specimen.

M. Mathieu read a few days ago to the Academy of Sciences, a memoir on a preparation which he calls Hæveone, from the plant *Hævea Guyanensis*, whence it is obtained. If all that M. Mathieu has told that learned body on the subject of this fluid—the chief object of which is to prevent the oxydation of steel—be confirmed by experience, great service will have been rendered, not alone to surgery, but also to the arts in general. The merits of this vegetable juice consist, not only in its faculty of preventing rust when lightly spread on the surface of a metal, but also in its power of permanently preventing friction in the working joints of machinery, as it never dries, never loses its oily consistence, and is never decomposed. Moreover, being perfectly waterproof, it is likely to enter into competition with caoutchouc and gutta percha in the manufacture of macintoshes and such like rain-excluding garments.

M. Civiale has just given to the public the clinical results obtained by lithotrity in his hands during the course of last year. He has treated in all, during 1860, 54 patients affected with stone. Of these, 18 were at the hospital, and 36 in private practice; amongst the former, 3 were females, and 15 adult males; 2 of the women were cured, and 10 of the men; in the remainder the operation was either inadmissible or unsuccessful. Out of the 36 private patients, 24 were cured; in 2 the operation failed; and in 10 it was inadmissible, the patients having suffered from a calculous affection for a lengthened period, and having already undergone one or more crushing operations. It would be decidedly in the interest of science if all those practitioners who devote themselves to special medicine or surgery were (following in M. Civiale's wake) to give to the profession annually a correct *compte-rendu*, in a tabular form, of their yearly experience, and more especially of those cases in which failure has occurred.

Paris, Feb. 11th, 1861.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Feb. 7th, 1861.

Aldred, Henry, Manchester.
Bennett, Charles.
Harrison, Charles, Lincoln.
Hayward, George, Suffolk Militia Artillery.
Hooper, John Harward, Upton Warren, Worcester.
Metcalfe, Richard, Hawes Wensleydale, Yorkshire.
Morris, Henry, Royal Berks Regiment of Militia.
Neatby, Thomas, Barnsley, Yorkshire.
Pater, William Thompson, East Kent Militia.
Pennington, Abel, Warrington.

The following gentleman also on the same day passed his first examination:—

Rattledge, William Frederick, London Hospital.

THE LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS.—The first examination for this licence was held on Tuesday last. Seven gentlemen who passed have received the diploma. Another examination will be held in about a month.

ROYAL INSTITUTION.—Sir Henry Holland, Bart., M.D., F.R.S., was elected a Manager of the Royal Institution, in the room of Sir Charles Fellows, deceased.

HUNTERIAN SOCIETY.—The Hunterian Oration was delivered before this Society on the 13th inst., by Dr. Gull. The address, which treated of the Dependence of Life upon Physical Agents, was a most philosophical and interesting one, and fixed the earnest attention of a numerous audience.—The following is a list of the officers for the session 1861-62:—*President:* Mr. Critchett.—*Vice-Presidents:* Dr. Stephen M. Ward, Dr. Ramskill, Mr. John Adams, and Mr. Smee.—*Treasurer:* Dr. Wm. Cooke.—*For the Oration of* 1862: Dr. Peacock.—*Librarian:* Mr. Nathaniel Ward.—*Secretaries:* Dr. Devenish and Dr. Fotherby.—*Council:* Dr. J. R. Bennett, Mr. Blenkarne, Dr. R. Fowler, Dr. Burchell, Mr. Crosby, Dr. C. M. Miller, Mr. T. Brown, Dr. Robert Barnes, Mr. C. T. Conolly, Mr. W. Allingham, Mr. J. Jackson, and Dr. J. O. M'William.

HOUSE OF COMMONS, FEB. 11TH.—In reply to Sir H. Stracey, Mr. T. G. Baring stated that the Military Invalid or Convalescent Hospital, which had been in operation at Great Yarmouth for the last three sessions, belonged to the Admiralty, and had only been lent for the use of the military service. The Admiralty now desired to have the hospital restored to them, and, as soon as the necessary arrangements were made, it would be handed over to them by the War Department.

APPOINTMENT.—Mr. Edward Fernie, M.R.C.S., L.S.A., was on the 1st inst. appointed House-Surgeon to the Macclesfield Dispensary.

THE MEDICAL COUNCIL.—At the late dinner at Edinburgh to Dr. Alexander Wood, Dr. Andrew Wood, in returning thanks for the Medical Council of Education, expressed a hope that in a few years a new Medical Act would be introduced to remedy any defects in the existing Statute. He was quite satisfied that the Medical Council would never take its proper position in public opinion, and never exercise that influence which it ought to have, *until it admitted reporters to its meetings*. He pledged himself to bring that subject before the first meeting of the Medical Council, and if he was defeated he was not the man to desist, but he would continue to propose it until their deliberations were made in the face of day.

IRISH MEDICAL DEGREES.—Your medical readers will feel some interest in learning that the Executive Committee of the General Medical Council have declined to register the Licentiates of the King and Queen's College of Physicians in Ireland as Doctors of Medicine; their legal advisers in this matter are understood to be Sir Hugh Cairns and Mr. Hobhouse, who have expressed the opinion that the Licentiates of the Irish College of Physicians are not as such Doctors of Medicine, and that even if they were they could not be registered under the Medical Act, as the title is not mentioned in Schedule A. These same lawyers on a former occasion advised the Executive Committee to register the Licentiates in Midwifery of the Irish College of Surgeons and Physicians, on the express ground that these licences were included in Schedule A. *London Correspondent of the Dublin Evening Mail.*

DR. J. P. MAUNOIR died in Geneva on the 15th ultimo, at the very advanced age of ninety-three. He was known as an accomplished surgeon and ophthalmologist, and has left a great many writings scattered in various periodicals.

AN EXCEPTIONAL CASE OF RABIES.—M. Delaharpe has published, in *L'Echo Médical Suisse*, the case of a cowherd, aged fifty-six, who was bitten by a dog, which died, as shown by the post-mortem examination, of gastro-enteritis. The man, after the accident, plunged into great excesses, and was often intoxicated. The wounds inflicted by the dog were situated on the right hand, and were freely cauterized with the hot iron on the second day. On the twenty-second day partial paralysis of the arms and difficulty of deglutition appeared. He eventually died at the hospital of Lausanne on the twenty-fifth day, with general paralysis and complete inability to swallow fluids, but with no dislike for the latter. M. Delaharpe thinks that spasm of the pharynx is erroneously supposed to be a pathognomonic symptom of rabies, and believes that paralysis of the glottis is the real lesion, this latter having in this case been accompanied by general paralysis.

SMALL-POX AND VACCINATION HOSPITAL.—The 115th annual general court of the governors of this institution was held on the 1st instant, at the hospital, Highgate-hill, Upper Holloway, Mr. S. Turner in the chair. It appeared from the report that 875 patients had been admitted into the hospital during the past year, of whom 752 were discharged cured, and 123 had died. During the same time 1000 charges of vaccine lymph had been supplied gratuitously to medical practitioners. The balance-sheet showed that £5544 9*s.* 8*d.*, including £1871 8*s.* 6*d.* the produce of the sale of £2000 Consols, had been received, and £4188 6*s.* 10*d.* expended; leaving a balance at the bankers' in favour of the hospital of £1356 2*s.* 10*d.* The receipts included donations amounting to £218 7*s.* At the last general court it was resolved to provide a separate building or wards for the reception of the more urgent cases, so as to afford additional accommodation to the public and security to the patients. The contract for this had been undertaken for the sum of £3358, and it is now nearly completed. The medical officers stated that in their last annual report they had to call attention to the epidemic of small-pox, which had then been raging with greater intensity than had ever occurred before since the foundation of the hospital in 1746, there having been 91 patients in the hospital on December 31st, 1859, while the number was only 27 for the corresponding period of last year. The influence of that epidemic, however, had been felt in a marked degree during the past year up to July last, although there was some abatement in June; and consequently for more than half the year the average rate of admissions had been more than 105 a month, while for the remainder of the year it had only been about 27 a month. Of the 875 patients admitted during the past year, 858 were cases of small-pox (one being a case of secondary small-pox—an attack of the casual disease after inoculation), and 17 cases of other eruptive disease; of these 858 cases 161 had occurred to unvaccinated persons, and 697 to those who had been vaccinated, the proportion of the vaccinated being therefore as large as 81 per cent. The number of deaths which had occurred—123—gave a mortality of 14 per cent. on the gross admissions, but one of these persons had died of disease of the lungs, another of scarlet fever, and nine were attributable to superadded or hospital disease. The mortality amongst the 161 unvaccinated cases was 56, or 34·78 per cent.; while amongst the 697 vaccinated cases it was but 66, or 9·46 per cent. The number of patients vaccinated at the hospital during the year had been 310.

MURAL QUACKERY.—The authorities of Aix-la-Chapelle have just prohibited all advertisements, either in newspapers, or as bills fixed on walls or otherwise circulated, of therapeutical substances offered as remedies in disease, either for man or beast, under a penalty of 30*s.*

CITY DISPENSARY.—The seventy-second anniversary meeting in aid of the funds of this institution was held at the London Tavern on the 6th instant, the Right Hon. the Lord Mayor presiding. The company included Mr. Alderman and Sheriff Abbiss, Mr. Sheriff Lusk, Thomson Hankey, Esq., M.P. (the treasurer); Mr. Serjeant Payne, V.P.; John Williams, Esq., V.P.; John Norbury, Esq., V.P.; and the following members of the medical staff—Dr. W. Abbotts Smith, Dr. Prosser James, and J. A. Kingdon, Esq.; there were also present several members of the Common Council and many other well-known friends of the charity. We learn from the annual report of the committee that 12,974 cases have been relieved during the past year, in addition to which a considerable number of casualties and cases of a minor character were attended without letters of recommendation. The donations and new subscriptions announced after the dinner amounted to about £300, including a donation of £50 from the Governors and Company of the Bank of England.

SELBY MEDICAL REGISTRATION ASSOCIATION.—At a meeting of this Association held on the 31st ultimo, it was unanimously agreed that a vote of thanks be forwarded to the General Council, expressing the thanks of the members for the determined manner in which they (the Council) have defended the interests of the profession in the case of Richard Organ *v.* the Registrar of the Medical Council; with whom they contested no less than four actions, at last proving victorious.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The seventeenth annual meeting of the subscribers to the Belfast branch of this most excellent Society was held in the library-room of the Belfast Medical Society, at the General Hospital, Frederick-street, on the 4th inst. The chair having been taken by Dr. T. H. Purdon, Dr. Browne, the local treasurer, reported, with reference to the fiscal proceedings of the past year, that a total sum of £117 3*s.* had been received, of which £72 9*s.* 6*d.* were annual subscriptions, and £44 12*s.* donations. He further mentioned that the current year had commenced in a most promising and encouraging manner, he having already in hand to be placed to its credit the following subscriptions—namely, Dr. T. H. Purdon, £5; Dr. S. Hunter, £2; Dr. Drennan, £1 1*s.*; Dr. Patterson, £1 1*s.*; Dr. Doran, Kenmare, per Dr. T. H. Purdon, £1 1*s.*; Dr. C. Mulholland, 10*s.*; Dr. Browne, £1 1*s.*; Surg. Anderson, Kilkeel, 10*s.*; Dr. R. Stewart, £1 1*s.*; together with the munificent donation (*in memoriam*) of £100 from Dr. T. H. Purdon, and one of £5 from Dr. R. Stewart.

A MYSTERIOUS CASE AT ALGIERS.—A soldier in a Zouave regiment quartered at Algiers, aged thirty, was found on the 2nd of January, 1860, dead drunk on an embankment near the railroad. When examined, it was found that the penis and testicles had been cut off in a very regular manner. A dog had been seen prowling about the man; the animal was shot, and in its stomach the glans penis was discovered. It would thus appear that the mutilation had been the result of the voracity of the dog, but various circumstances point to a villanous crime. The medical men instructed to report on the case state that the wound was perfectly clean and regular, and that the least trace of teeth and tearing was undiscoverable. One surgeon stated that both scrotum and penis must have been seized by the hand and severed with a sharp knife. The opening of the trowsers in front was buttoned; and in the stomach of the dog was found, besides some herbs and raw meat, a certain quantity of *sand*. It is thus supposed that the organs had been thrown on the sand and eaten up by the dog. The miserable wretch made a good recovery, and immediately took advantage of his mutilation to excite pity and collect money for drunken purposes. The inquiry set on foot has not led to any result, and the case could not therefore be brought before a court of justice.

TIEDEMANN, the celebrated physiologist, has just died at Munich, at the advanced age of eighty-seven.

THE HÔPITAL DE LA CHARITÉ of Paris is to be enlarged by the pulling down of several houses in the adjoining streets. At present the hospital contains 350 beds: 250 for men, and 100 for women.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEBRUARY 9TH.—The rate of mortality in London was higher last week than it usually is in the first week of February; but since by a grateful change fine weather has reigned the weekly number of deaths has rapidly fallen. In the week that ended last Saturday 1459 deaths were registered. The deaths from pulmonary diseases, exclusive of phthisis, decreased to 362. The mortality from bronchitis is on the decline, numbering 210 deaths. Those from pneumonia were 94, asthma 32, and whooping-cough 81. There were 10 deaths from small-pox.

Last week the births of 1067 boys and 999 girls, in all 2066 children, were registered in London. In the ten corresponding weeks of the years 1851–60, the average number was 1774.

Births, Marriages, and Deaths.

BIRTHS.

On the 5th inst., the wife of S. B. Birch, M.D., Gore Lodge, Kensington-gore, of a son.

On the 11th inst., at Oakley-square, London, the wife of H. C. Andrews, M.D., of a son.

DEATHS.

On the 24th Dec., at Beawr, Rajpootana, James Alexander, infant son of D. H. Small, M.D.

On the 5th inst., at Anchorfield, near Edinburgh, Alexander Cushnie Morison, late Surgeon in H. M.'s Bengal N.I., son of Sir Alex. Morison, M.D.

On the 7th inst., at the residence of his nephew, Wm. Beet, M.D., Ashford, Kent, B. Beet, Esq., aged 73.

On the 8th inst., aged 95, Wm. Goodson, Esq., Surg. R.N.

On the 12th inst., at The Priory, Monk Sherborne, Hants, John Green Bishop, M.D., aged 72.

BOOKS ETC. RECEIVED.

Mr. Fownes's Manual of Chemistry.
Dr. Hassall's Adulteration Detected in Food and Medicine
Mr. Gamgee's Dairy Stock.
Annales de l'Electricité Médicale.
La Médecine Contemporaine.
Mr. Hepburn on Mechanical Dentistry.
Dr. Cockle on Aortic Valves.
Dr. Handyside on Traumatic Spreading Gangrene.
Mr. Potter on the Roman or Turkish Bath.
North American Medico Chirurgical Review.
Edinburgh Veterinary Review.
American Medical Times.
Indian Lancet.
Dental Review.

MEDICAL DIARY OF THE WEEK.

MONDAY, FEB. 18	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Dr. B. W. Richardson, "On Certain of the Phenomena of Life."
TUESDAY, FEB. 19	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Professor Owen, "On Fishes." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Savory, "On the Physiology of Food." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, FEB. 20	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Gulstonian Lectures: Dr. Brown-Séquard, "On the Diagnostic Value and Modes of Production of the various Symptoms of Diseases of the Brain." GEOLOGICAL SOCIETY OF LONDON.—8 P.M.
THURSDAY, FEB. 21	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Savory, "On the Physiology of Food." CHEMICAL SOCIETY.—8 P.M. Dr. Thudichum, "On Putrefaction of Bile and Formation of Gallstones." — Dr. Guthrie, "On Bisulphide of Iodine."—Mr. Adie, "On Ground Ice."
FRIDAY, FEB. 22	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Gulstonian Lectures: Dr. Brown-Séquard, "On the Diagnostic Value and Modes of Production of the various Symptoms of Diseases of the Brain." ROYAL INSTITUTION.—8 P.M. Prof. Faraday, "On Platinum."
SATURDAY, FEB. 23	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Dr. E. Frankland, "On Inorganic Chemistry." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Savory, "On the Physiology of Food." GOVERNMENT SCHOOL OF MINES, Jermyn-street.—7 P.M. Prof. Huxley, "On the First Principles of Physiology."

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line	0	0	6	For a page	5	0	0

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.

To Correspondents.

Mr. Robert W. Ellis.—The queries contained in our correspondent's note involve a question of much importance, upon which we are glad to have an opportunity of making some remarks. First, as regards the daily press on medical subjects. Statements, taken from foreign journals, are often made which raise the hopes of the afflicted, and too often lead to bitter disappointment. Wonderful cures are sometimes announced in papers presented to learned societies; but these cures, on examination, almost always prove delusive, and the reports of committees appointed to sift the cases frequently demolish the whole structure raised by the enthusiasm and partiality of discoverers. Take, for example, the cures of deafness by instillations of ether, which were not only announced by the inventor, but to some extent certified by a committee of highly honourable and competent men. Well, the bubble has burst, and numerous trials have proved the uncertainty of the remedy. Now comes the treatment of the deaf and dumb by M. Bandeloeque. It did not escape us that this physician, at the meeting of the Academy of Sciences of Paris on the 22nd of October last, read a paper on the subject; but we refrained from mentioning M. Bandeloeque's statements, as they were but statements, and as these, by direction of the Academy, are to be reported upon by a committee composed of Messrs. Serres, Andral, and Pouillet—men of high position and acknowledged merit. We would, therefore, urge upon Mr. Ellis to await the report of the committee before venturing to raise the hopes of his patient. M. Bandeloeque is, however, not very explicit as to his mode of treatment; but our correspondent will find in the "Comptes Rendus" everything the author has judged fit to publish. We would, in fine, merely observe that two cases only were brought forward. One, referring to a soldier, aged twenty three, who, during an attack of typhoid fever in the Crimea, lost the power of speech. He went into the Infirmary of the Paris Invalides (the French Chelsea Hospital), not being able to give utterance even to a mere sound, but *having perfectly preserved the faculty of hearing.* After being four years in this state, the patient presented himself to M. Bandeloeque, under whose treatment he has gradually recovered the power of speech. The second patient is a boy, deaf and dumb from birth, who now speaks, and hears a little. It will be perceived by our correspondent that the daily paper in question is in error when saying that "M. Bandeloeque has bestowed the gift of *speech* and *hearing* on two *boys* who were born *deaf* and *dumb*." We shall hail with great pleasure any discovery which may eventually lead to the amelioration of the sad condition of the deaf and dumb; but we shall ever refrain from lightly raising the hopes of the friends of persons thus afflicted.

Y. O. S.—We believe that the application of the instrument is of no service.

MEDICAL VOLUNTEER CORPS.

To the Editor of THE LANCET.

SIR,—Almost every profession has its Volunteer Corps. Why should there not be a medical one? Our metropolitan hospitals, as St. Bartholomew's, Guy's, St. Thomas's, St. George's, University, London, King's College, and many others, could each muster a hundred or two strapping and intelligent young students, fit for anything or any emergency, and, I venture to say, could match any corps going. Hospital students have their hours of recreation, and a little military training may prove of service when little expected.

The Volunteer movement is an established fact, and has proved a decided benefit to many men, being conducive to health, mentally and bodily, at very little expense, in many instances proving a saving.

Should the students of St. Bartholomew's or Guy's take the initiative, as an old student of both hospitals, I would willingly come forward and assist the project. A cheap, serviceable, soldier-like dress, distinct from the other Volunteer Corps, could be adopted, and I am certain the matter would have the countenance of the hospital professors, as the clergy are great supporters of the movement.

A meeting of companies formed by the students of each hospital for a general parade or "constitutional march" occasionally, I feel sure would bring about a friendly feeling amongst the rising members of our profession.

Your obedient servant,
A PHYSICIAN, AND A LATE COMMANDANT OF A VOLUNTEER CORPS.

February, 1861.

County Coroners.—In consequence of the great number of questions we have received, we should feel much obliged to any of our correspondents who would inform us whether in the counties in which they reside the salaries of the coroners have been fixed in conformity with the provisions of the new Act, and also whether an advance has been made on the incomes which they had previously received.

J. C. N., (Glasgow.)—We cannot recommend the person named.

M.R.C.S., L.A.C., &c., suggests "that the fee for the new Licentiateship of the College of Physicians should be lessened in the case of those already members of the Apothecaries' Hall."

A Subscriber.—We are not aware that there is any such authority.

The Licence of the College of Physicians.—Some misapprehension existing as to the amount of the fee for this diploma, we take the opportunity of stating that the fee is fifteen guineas. There is no stamp duty.

Dr. Godwin Timms.—We regard the admission of quackery in any form into our public hospitals, endowed and supported as they are for the relief of human suffering, as utterly unjustifiable either in a professional or moral point of view. The examples of the *Docteur Noir* at the Paris hospitals and of the cancer-curer at the Middlesex Hospital might operate as a sufficient warning of the fallacy of expecting anything but scandal and confusion of the truth from such attempts. We think the conduct of Dr. Timms, howsoever it may "challenge" the homœopaths, will not challenge the approbation of the medical profession.

Medicus.—1. The Medical Council require that *all* candidates who enter to lectures after the 1st October next should pass a preliminary examination; but the College of Surgeons exempt from this ordeal gentlemen who possess *bonâ fide* indentures of apprenticeship, dated previous to December 8th, 1859. —2. Yes.—3. No.—4. Every recognised school possesses all the requisites for imparting a complete education to the medical student.

Mr. James's communication, "On the Induction of Premature Labour," shall be published in our next impression.

The Medical Assistants.—We earnestly advise medical assistants not to forward any subscriptions in stamps or otherwise to any individual who has not been authorised to receive them by some meeting specially and publicly convened. We have not been able to ascertain by what authority Mr. M. H. Irving undertakes to receive subscriptions on behalf of the medical assistants.

Scrutator, (Barnstaple.)—1. Yes, if they were *bonâ fide* apprenticed before December 8th, 1859.—2. They will come under the present regulations.

IF *C. C. C.* will send his name and address, he shall receive a private note.

M.R.C.S.—1. Two pounds for qualifications obtained previous to January, 1860.—2. The diplomas should be forwarded to the Office either by hand or some safe means. They will be returned as soon as the registration is effected.—3. The fee may be sent by Post-office order.

R. P.—The proceeding should not prevent the patient from following his usual avocations.

Dr. Hillier.—We shall be happy to forward the objects of the Association.

A Reader.—The advertisement was inserted by accident. It will not be repeated.

SALIVATION DURING PREGNANCY.

To the Editor of THE LANCET.

SIR,—Can you or any of your numerous readers kindly inform me how I can relieve a patient of mine, who is suffering from profuse salivation during pregnancy? She is now pregnant for the fifth time, and has suffered in the same way at each pregnancy. At present nothing seems to relieve her.

Yours obediently,
L.M. LOND.

February, 1861.

Epsom.—The practitioner alluded to has been long since deceased. Any respectable surgeon in his own town will furnish our correspondent with the name of a gentleman who has distinguished himself in the line of practice to which he refers.

Ignoramus.—The case put by our correspondent has many important bearings on professional etiquette, and we propose to answer it fully next week.

J. H. R., (York.)—In some high and dry situation.

A Subscriber for Twenty Years.—1. No additional qualification is required.—2. We should think not.—3. Most probably in Valparaiso or Rio Janeiro.

Mr. W. Campsteus.—The letter has been forwarded as requested.

A. B. D. will find an answer to his question in a review published in the last number of THE LANCET.

J. P.—The certificate in question would not be sufficient according to the regulations issued by the Medical Council, but will be received by the Royal College of Surgeons.

Dr. E. Bishop's communication shall appear in an early number.

Mr. M. A. Irving.—The announcement forwarded can only be inserted as an advertisement.

Dr. George Rex, (Philadelphia.)—We are unable to add any information concerning the Japanese remedy, Key-tse-ang, to that found in the article in this journal referred to by our correspondent.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Canton; Mr. Holt, Great Horton, Yorkshire; Dr. F. C. Cory; Mr. Lee Jordin, Maidenhead; Dr. E. Bishop; Mr. Oliver Pemberton, Birmingham; Mr. C. Gould; Mr. John H. Todd, Winchester; Mr. Garlike; Dr. Tilt; Dr. Inglis; Dr. Goolden; Dr. Smith; Mr. Holmes Coote; Dr. Ritchie; Messrs. Bullock and Reynolds; Dr. Grailly Hewitt; Mr. Griffin; Dr. G. Rex; Mrs. M. A. Baines; Dr. M. Schuilhoff; Mr. T. C. Kirby; Mr. J. Bridger; Mr. R. F. Lyons; Mr. E. Stevens; Mr. J. B. Yeo; Mr. W. Pitts, (with enclosure;) Mr. J. Witchell, (with enclosure;) Mr. G. Tweddell, Houghton, (with enclosure;) Mr. Bell, Uppingham, (with enclosure;) Mr. W. H. Simons, (with enclosure;) Mr. Archer, (with enclosure;) Mr. G. Smith, Birmingham, (with enclosure;) Mr. F. Young, (with enclosure;) Dr. Robinson, Bonsham, (with enclosure;) Mr. T. H. S. Boyle, Oxford, (with enclosure;) Dr. Thos. K. Chambers; Mr. A. Coleman, (with enclosure;) Messrs. Cantrell and Webb, Wirksworth; Messrs. Chaldecott, Dorking; Dr. Goldsmith, Hambledon; Mr. S. D. Goss; Mr. S. L. Rymer, Croydon; Mr. T. W. Burkett, Selby; Mr. J. Ullathorne, Diddridge, (with enclosure;) Messrs. Thacker and Co.; Mr. W. Pursell, Wolverhampton, (with enclosure;) Mr. C. Cripps, Tockwith; L. M., (with enclosure;) Ignoramus; M.R.C.S. and L.A.C.; One of his Subscribers, Durham; One of the Rejected; A Subscriber; A Physician; Chirurgus; E. P.; One of the Five Hundred; &c. &c.

Beware of the disgraceful application, by unprincipled persons, of the word "CHLORODYNE" to base and injurious compounds, made in imitation of, or substituted for,

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., EX-ARMY MEDICAL STAFF)

CHLORODYNE.

The Medical Properties of this Remedy are—ANODYNE, DIAPHORETIC, SEDATIVE, ASTRINGENT, ANTISPASMODIC, DIURETIC. It possesses all the attributes of the Opiates and the Anodynes, without their unpleasant accompaniments or objections, is agreeable to the taste, exercises a remarkably soothing and pleasant effect on the patient, and establishes a rapid and beneficial change in the course of a few moments, entailing no inconvenience or injurious constitutional effects whatever.

(*Entered at Stationers' Hall.*)

From G. B. HAYWARD, Esq., Surgeon, Stow-on-the-Wold, Gloucestershire.

"I am now using Dr. J. Collis Browne's Chlorodyne, in ten-minim doses, with *marvellous good effects in allaying inveterate sickness in advanced pregnancy.*"

From J. M. EDWARDS, Esq., Surgeon, Ingatestone, Essex.

"I am happy to say that Dr. J. Collis Browne's Chlorodyne had the desired effect on my patient, who *for six weeks had not had a night's rest.* No opiate of any kind could be taken."

From J. M'GRIGOR CROFT, M.D., M.R.C. Phys. London, late Staff-Surgeon to H.M.F.—*Nov. 26th*, 1859.

"SIR,—After prescribing Dr. J. Collis Browne's Chlorodyne, for the last three years, in severe cases of Neuralgia and Tic Douloureux, I feel that I am in a position to testify to its valuable effects. Really, in some cases it acted as a charm when all other means had failed. Without being asked for this report, I must come forward and state my candid opinion that it is a most valuable medicine, and I have recommended several chemists in this neighbourhood not to be without it for prescriptions."

From the
"BRITISH AMERICAN MEDICAL JOURNAL."

"From what we have seen of its effects (Dr. J. Collis Browne's Chlorodyne), we must say that it is a very valuable anodyne, and in many respects, for internal administration, *superior to any of the ingredients which, according to the chemist and druggist, are said to enter into its composition.* We have no doubt that Dr. Browne placed the formula for its preparation in the hands of Mr. Davenport, the sole agent and manufacturer, *from the first.*"

"GENERAL HOSPITAL,
"*Parkhurst, Isle of Wight, September 6th*, 1860.

"I have much pleasure in bearing testimony to the valuable effects of Dr. J. Collis Browne's Chlorodyne. I have used it for the last six years, and found it most useful as a sedative and antispasmodic. In many cases of advanced Phthisis it has been of marked service in allaying the cough and producing tranquillity, without any of the unpleasant symptoms which generally follow the use of opium. I have also found it very useful in cases of Delirium Tremens and severe cases of Neuralgia.—Yours, &c.,

"JAMES T. O. JOHNSTON, M.D,
"Staff-Surgeon Major, Principal Medical Officer."

From R. CROTHERS, M.D., Surgeon Royal Tyrone Artillery.

"For some months past I have been using Dr. J. Collis Browne's Chlorodyne, and have been much pleased with its action as a sedative and antispasmodic."

From G. GIBBONS, M.D., Army Medical Depôt, Calcutta. *May 15th*, 1858.

"I have much pleasure in bearing testimony to the efficacy of Dr. J. Collis Browne's Chlorodyne. Having suffered very severely for a week from Diarrhœa, two doses completely cured me, without causing the depression which is invariably caused by opiates."

From the "MEDICAL TIMES."
"*To the Editor of the 'Medical Times and Gazette.'*

"SIR,—In reply to an inquiry made by your correspondent who subscribes himself 'Nota Bene,' whether any cases of benefit from Chlorodyne have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain of the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate opium, hyoscyamus, or belladonna, and, in despair almost, I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He only took two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.—I am, &c.,

"THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.
"The Vale, Ramsgate, Sept. 23rd, 1857."

Chlorodyne.—Price to the Profession, 3s. per fluid ounce, and in quantities of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S CHLORODYNE, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside, Operative Chemist and Pharmaceutist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury, London.